MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04358 CERTIFICATE OF DEATH deoth. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH filled in by the funera o. COUNTY emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS 80 YES NO X Hospita NAME OF DATE Doy Year completely DECEASED 19 DEATH (Type or print) IF UNDER S. SEX 6 COLOR OR RACE **NEVER MARRIED** AGE 7. MARRIED remove lost birthdoy) Doys Months Hours DIVORCED WIDOWED ond BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 100 AISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR _ during most of working life, even if refired physician a and FOOD MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, BAOTT GINIT INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service INKNOWN INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), CONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse this certificate hos been be detached for use as the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY/(Home, form, (County) (Stote) 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg. Jetc.) Not While at work TO FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this hospital) attended the deceased fram 190 director, page 3 shauld should be filed with the and that death accurred fram couses and an the date stated above. saw the deceased alive on. DATE SIGNED 22o. SIGNATURE 22b. STAFF ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OF CREMENTORY 23d. LOCATION (City or Town) (Stote) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) EMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04359 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral nove carbon papers. Pages 1 and a. COUNTY
Wicomico after (MARYI AND 12055100 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ease remove carbon paper and in any event, within 72 80 YES NO K Peninsula General Hospital 3. NAME OF DECEASED Middle DATE Dov Year First (Type or print) PANVILL DEATH IF UNDER 1 YEAR 5. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED YIS. and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician 5 20 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, cremation, or removal, attending p permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN? Address (Yes, notor)unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse let this certificate has been be detached for use as the State Dept. of Health prior to ATTENDING PHYSICIAN: The law lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO A 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) oftended the deceased from be retained 4 P.M. from couses and on the dote stoted obove. 196/ sow the deceosed olive on ond that death occurred of 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any exentimistin 72 hours after death

VI	04360	CERTIFICATE	OF DEATH	04361
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if	institution: Residence before admission)
	a. COUNTY	MARYLAND	o. STATE Maryland	b. COUNTY Worcester
	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, v	
	write RURAL and give nearest tawn)			a · ·
	Salisbury	3 days	Rural-Pocomok	
80	d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
00	Peninsula General	Hospital	R.F.D. 3	YES NO K
1	3. NAME OF First	Middle	Last 4. DATE	Month Day Year
1	(Type or print) Reginal of	James Hd	ams DEATH M	arch 29 1967
	S. SEX 6. COLO OR RACE 7. MAI		R DATE OF RIPTH 9 AGE (In	vegrs IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white wild	OWED DIVORCED A	ug. 9, 1910	nday) Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done	IOb. KIND OF BUSINESS OR	BRIHPLACE (County & State of foreign country	y) 12. CITIZEN OF WHAT
	during roost of warking life, even if retired)	Restaurant	Maryland	COUNTRY? U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	James Adams		Jennie Long	
	IS WAS DECEASED EVER IN ILS ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address R.F.D. 3
	(Yes, no or unknown) (If yes give war or dates of service	213-18-5595 M	rs Margaret Adams,	Pocomoke, Md.
			is margaret mails,	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	me for (a), (b), and (c).)	h least in the party	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ny ocarous.	The factorial of	Samp
	Canditians, if any, which gave) DUE TO	monay and	solo selevois	Northman
	rise to immediate cause (a)	X		
	stating the underlying cause DUE TO			
	last. (c)	This to pritt out hat printed to	TIE TERMINAL DISCASE COMPUTION OFFICE IN DIRECT	1/) I 10 WAS AUTODOV
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMEDIA
	20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 210g. ACCIDENT WAS UNDERLYING 210			YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item	18.)
	6		CE OF INJURY (Hame, farm, 20f. (City ar topy, street, office bløg., etc.)	awn) (County) (State)
	p.m. 19	While of work of the start wor	ory, sired, ornice bligg, etc.)	10/1
	21. I certify that (1) (this hospital)	attended the deceased fram	/ / / / / / / / / / / / / / / / / / / /	19 , 19 hat (I) (we) las
	saw the deceased olive on	5 28 19 5 and tha	t death accurred at 9 A M, from c	
	22a. SIGNATURE		ATTENDING MED. STAI	22b. DATE SIGNED
	(5)	M.I.	D. PHYS. DIRECTOR LI PHY	s. U
	22c. PHYSICIANS NAME (Type) Oswald J.	Burton, M.D.	22d. ADDRESS Medical Center,	Solichumy Md
1				
0	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY DECE		
X.	Buriation 3-31-196			
4	24. FUNBRAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
1	Problet H. Wassen	Pocomoke City.	Md. DATE PR 3 1967	Icharles Judge

Pocomoke City, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

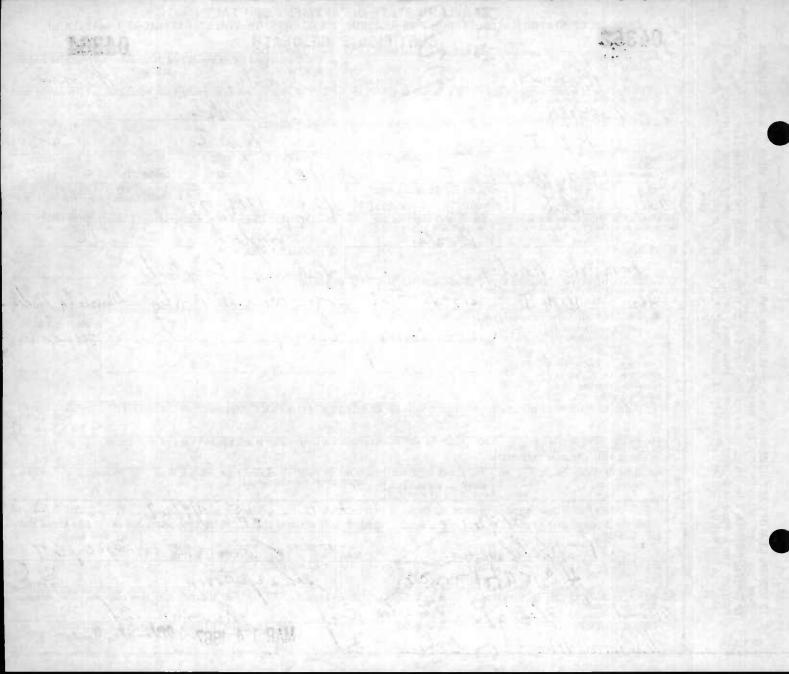
MAKILA	AND SIAIE DEPARTMEN	I OF HEALTH
DIVISION OF STATISTICAL RESEARC	H AND RECORDS, 301 W. PRE	ESTON STREET, BALTIMORE 1, MARYLANI
01.264	CERTIFICATE OF DE	ATH

	2002				1)/303
	E OF DEATH		2. USUAL RESIDENCE (Whara	decaasad livad, If ins	stitution: Resident Majore admission)
a. CO	UNTY		a. STATE	b. COUNTY	1
	Wicomico	MARYLAND	Md.		Vicomico
	Y OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c	orporata limits, writa R	(URAL and giva naarast town)
	rita RURAL and giva nearast town)	THE HOUSE PRODUCTS	0 - 2 1 2		200
	lisbury		Salisbury		2001
d. NA	AME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	007 Bit		007 B: L	- 01	YES NO DE
3. NAN	683 Fitzwater St.	Middla	683 Fitzwate	E Month	Day Yaar
	EASED	Middla	OF	a Month	Day Taar
(Туре	or print) Carl	F	Bailev	March 2	5 1967
5. SEX	6. COLOR OR RACE 7. MARR	IED TO MENTER MARRIED TO 8	DATE OF BIRTH	9. AGE (In years II	
	7. MARK	HEVER MARKIED			Months Days Hours Min.
M	C WIDOW	/ED DIVORCED 7	une 4.1890	76 yrs.	
	JAL OCCUPATION (Give kind of work 1Db.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dona du	ring most of working lifa, avan if ratired)				
L	abor		Marvland		U.S.A.
13. FATI	TER'S NAME		14. MOTHER'S MAIDEN NAME		3-3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
	DECEASED EVER IN U.S. ARMED FORCES? 10		Jennia ?		
15. WAS	or unknown) (If yas give war or datas of service)	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addrass	
(1 as, 110,	of unkown) (in yas give was of datas of service)				
1 10	CAUSE OF DEATH (Enter only one cause per		dys Stewart 12	9 Second	St. Salis-Md.
10.		r lina for (a), (b), and (c).j	1 1 1	1) 1	ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	notioneri 1	on distamble	- 10	140000 2 32 TT
	111/11	percenture (account was	MARKED	and sinouth
	DUE TO	1			0 41-4
Con	ditions, if any, which \ (b)	Berensin			Inselinto
gav	risa to immedieta cause	1			
	stating the underlying DUE TO				
caus	e last.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY
					PERFORMED?
5					YES NO
CERTIFICATION SO SO CONTRACTOR		ESCRIBE HOW INJURY OCCURRE	D. (Entar natura of injury in Part I or P	art II of item 18.)	
S OK O	CONTRIBUTING [CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER]				
WEDICAL 20c			CE OF INJURY (Homa, farm, 20f. (ory, street, offica bldg., etc.)	City or town)	(County) (State)
9	Hour a.m. Wh	ile Not While fact			
	р.ш. 12		95/1	75 140	119
21.	I certify that (I) (this hospital) atte	nded the deceased from	2) Noe 1866	106-1.199	, 19/, that (I) (we) last
caw	the deceased alive on Z. Ma	196 , and that	death occurred a fr.	om the causes an	d on the date stated above.
		(2)	January San P		, 22b, DATE
228	STG PATULE		ATTENDING MED.	STAFF	SIGNED
	C-MANUEL.	M	.D. PHYS. DIRECTOR	PHYS.	-8 mar 6 1
22c.	PHYSICIAN'S - 5	11 11 2	22d. ADDRESS	C1 (7/.
	NAME (Type) F F VILLENO	11. /VI.D.	602 lah M	4 (A) ST.	Aliche
	4.17.1 NA VIC	11/11/11	010111	1-11/1-1-1-	יייייייייייייייייייייייייייייייייייייי
	RIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LC	CATION (City, town	or county) (State)
REMO	OVAL (Spacify) rial 3/90/1967	Green Acr	Co.	lishury	3// 3
17000				4 1 67 13 13 1777	
Bu	- L - U/ L U/				MQ.
	RAL DIRECTOR'S SIGNATURE	ADDRESS		SISTRAR 256. REGIS	STRAR'S SIGNATURE
	- L - U/ L U/				STRAR'S SIGNATURE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY comici MARYLAND muca b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by ignove carbon papers. Page any event, within 72 hours a write RURAL and give nearest town) Ë d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO death certificate be executed within 3. NAME OF First Middle Month Last DATE 4. Year DECEASED 1967 (Type or print) March DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED. 2 10a. USUAL OCCUPATION (Give kind of work done i 10b, KIND OF BUSINESS OR the attending physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please I, and in during most of working life, even if retired) LAIDUSTRY 13. FATHER'S NAME MOTHER'S MAJOEN NAME 14. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. Or (Yes, no, or unkown) burial, cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. burial-transit ONSET AND DEATH certificate has been signed by PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which (b) gave rise to immediate the r DUE TO (a), stating as th underlying cause last, (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use 19. WAS AUTOPSY PERFORMED? NO I YES . CERTIFI this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1965 and that death occurred at 37 saw the deceased alive on_ _M. from the causes and on the date stated above. 22a. SIGNATURA 22b DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. 4 may HOSPITAL 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) 9 Fo He BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDR ESS 24. REGISTRAR'S SIGNATURE VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04363	CERTIFICATE	OF DEATH		04365
		PLACE OF DEATH o. COUNTY Wicomico	maryland	2. USUAL RESIDENCE (WI o. STATE	nere deceosed lived, if institution b. COUNT	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, wrife RURA	233
70		d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Peninsula General	Hospital	d. STREET ADDRESS	#1	e. IS RESIDENCE ON A FARM? YES NO
1		NAME OF First DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MA	Middle ETHEL	Ball DATE OF BIRTH	4. DATE Month OF DEATH 19. AGE (In years	Doy Year 2 / 19 6 7 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	P		IRRIED NÉVER MARRIED B NOWED DIVORCED DIVORCED DIVORCED DIVORCED	PAN. 31, 188	lost birthday) yrs.	Months Days Hours Min.
	duri	LOSAL OCCUPATION GIVE kind of work done in most of working life, even if retired) FATHER'S NAME	INDUSTRY SEWING	11. BIRTHPLACE (County &	GINIA	COUNTRY?
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		IFORMANT IFORMANT	ELLEN MI	1.LES
	(Ye	is, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per	120-01-2997 1	MRS. BERNIE	E TRUITES	Snow HILL MD INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H51 X DUE TO	Mysuud	allaone.	nul muller	900 ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Similaring all	arun	Melizas	
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	UTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	inter noture of injury in Po	ort or Part II of item (B.)	
	MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While at work I facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this haspital) saw the deceased alive on 220. SIGNATURE	attended the deceased from 19 19 dnd that	death accurred at	7.5/PM, fram causes a	nd an the date stated abave 22b. DATE SIGNED
		22c. PHYSICIAN'S	M.D	ATTENDING PHYS.	MED. STAFF PHYS.	3127.67
1	230	NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY // CONTINUES	M (MACA TION (City or Fow	n) (County) (Stote)
1	E	REMOVAL (Specify) REMOVAL (Specify) AR. 25,	1967 NELSON	Em. VA	Muslu	ISTRAR'S SIGNATURE
	4	Sugled Charles 1	211/1/	DATMAR	2 3 med	harles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the directar, page 3 should be detoched for use os the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Heolth prior to buriol, cremation, or removal, and in any event, within 72 holds after the should be filed with the State Dept. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OF DEATH		04366
MARYLAND	2. USUAL RESIDENCE (When	e deceased lived, if institution b. COUNT	on: Residence before admission) Accomack
c. LENGTH OF STAY IN 16			AL and give nearest town
I, give street address)	d. STREET ADDRESS 110 Jesten.	Street	e. IS RESIDENCE ON A FARM? YES NO
Middle		0.0	Day Year / 1967
	B. DATÉ OF BIRTH Dec. 10. 1893	9. AGE (In years last birthday) 73 yrs.	Months Doys Hours Min.
KIND OF BUSINESS OR INDUSTRY	Virginia		12. CITIZEN OF WHAT
	Margaret W		
		hincoteague,	
for (o), (b), and (c).)	usin		INTERVAL BETWEEN ONSET AND DEATH
Thimbophlebit	is mulliple	migistery	years.
		ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		l or Part II of item 1B.)	
nile Not While factor	ory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
ended me deceased nam (02-07-67, 19_ t death accurred at 7-	ta 03-11-0 A. M, fram causes of	and an the date stated above
	ATTENDING MED DIRI	STAFF PHYS. Center	22b. DATE SIGNED march 1, 1967
	C. LENGTH OF STAY IN 16 1, give street address) 10 Spita Middle Jeanette D NEVER MARRIED 18 KIND OF BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO. 17. I 180-14-2931 A for (a), (b), and (c).) LINGUISTRY G TO DEATH BUT NOT RELATED TO 15 DESCRIBE HOW INJURY OCCURRED. II INJURY OCCURRED at work of active of work of a work of active ended the deceased fram— ended the dece	MARYLAND C. LENGTH OF STAY IN 1b C. LENGTH OF TOWN (If outside chincoteague in 10 control of BIRTH D. C. LOST AND LENGTH AND LENGTH Modile Lost 4. LOST A. STREET ADDRESS 1 O Jester 4. LOST A. STATE Virginia 1. STATE Virginia 4. LOST A. STATE Virginia 1. STATE Virginia 1. BIRTHPLACE (County & State Virginia L. MOTHER'S MAIDEN NAME AND LENGTH Modile Control of BIRTH LOST A. STATE Virginia 1. STATE Virginia C. LITY OR TOWN (If outside Chincoteague) 4. A. STREET ADDRESS 1. C. STATE Virginia 4. A. STREET ADDRESS 1. DESCRIBE ADDRESS 1. DESCRIBE HOW INJURY OCCURRED C. LENGTH OF BIRTH A. STREET ADDRESS 1. C. STATE Virginia 2. C. TYP OF BIRTH A. STREET ADDRESS 1. C. STATE VIRGINIA (Control of STATE ADDRESS 1. C. STATE VIRGINIA (Chincoteague) 4. C. LENGTH A. STREET ADDRESS 1. C. STATE VIRGINIA (Chincoteague) 4. C. LENGTH A. STREET ADDRESS 1. BIRTHPLACE (County & State Virginia) 4. A. STREET ADDRESS 1. BIRTHPLACE (County & State Virginia) 4. A. STREET ADDRESS 1. C. STATE ADDRES	ARRYLAND C. LENGTH OF STAY IN 1b C. CLENGTH OF STAY IN 1b C. CLENGT

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event within 72 hours after death. Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04365 04367 CERTIFICATE OF DEATH

1. PLACE O a. COUNT	of DEATH TY Wicomico		MARYLAND	2. USUAL RESIDENCE (a. STATE Maryl		I COLUMN	dence befare admission)
b CITY C	OR TOWN (If autside carparate limits.	T	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a			
write.	RURAL and give nearest tawn)		621 days	Ridgel		mis, with northe und	15-1)
	OF HOSPITAL OR INSTITUTION (If not in	hasnital air		d. STREET ADDRESS	- 3		e. IS RESIDENCE
	Deer's Head State			None			ON A FARM? YES NO
3. NAME O	OF First		Middle	Last	4. DATE	Manth	Day Year
DECEASE (Type ar	ED Garre	ett		Black	OF DEATH	March	14 19 67
S. SEX		MARRIED [NEVER MARRIED	B. DATE OF BIRTH	9. AC	GE (In years IF UND ist birthday) Manth	S Days Haurs Min.
Mal	e Colored	WIDOWED [DIVORCED	Jan. 21,1	1891	76 yrs.	s Days Haurs Min.
during_mast	OCCUPATION (Give kind of work dane of working life, even if retired) CM Laboror		D OF BUSINESS OR USTRY ONE	11. BIRTHPLACE (County Mary		r country) 12.	COUNTRY?
13. FATHER		1	OTIC	14. MOTHER'S MAIDEN			UDA
TO: TATTIER	Herney Black				Lce Hex	rter	
1S. WAS DE	ECEASED EVER IN ILS ARMED FORCES?	16. SC	OCIAL SECURITY NO. 17	7. INFORMANT	200 202	Address	
(Yes, na, ar	unknawn) (If yes give war ar dates af se	vice) 21	8-20-9110	John H. I	Black F	didgely,	Maryland
1B. CA	AUSE OF DEATH (Enter anty one cause p PART I. DEATH WAS CAUSED BY:	A	a), (b), and (c).) se pulmonary	embolism			INTERVAL BETWEEN ONSET AND DEATH Son hours
	1MMEDIATE CAUSE (a).	240 41	o parmonary	CHIDOLLIGH			72 110 01 0
Canditi	ians, if any, which gave) (b)	Arte	riosclerosis	s, general			Years
	immediate cause (a), (,	100		
stating last.	the underlying cause (c)	Arte	riosclerosis	obliterans			Years
PART	II. OTHER SIGNIFICANT CONDITIONS CONT				NDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY
NO I	ight above-knee an						PERFORMED? YES NO TO
20g AC	CCIDENT WAS UNDERLYING			D. (Enter noture of injury in	Part I ar Port II	of item 1B.)	
OR CON	NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	200.000		(
WEDICAL	TME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	20d. INJ While at wark	Mat While	PLACE OF INJURY (Hame, fari factary, street, affice bldg., etc.		ity ar tawn)	(Caunty) (State)
21	I. I certify that(**) (this hospitalism the deceased alive an	al) attend	ed the deceased from	July 1	19.65 , ta_	March 14, 1	9.67, that (# (we) last
	SIGNATURE / 3		17_1, dild 1	nur deam accomed a	1, 11	22h	DATE SIGNED
	(H Wins	ca	5000	M.D. ATTENDING PHYS.	MED. DIRECTOR	CTAFF	3/14/67
22c.	PHYSICIAN'S NAME (Type) C. H. Winn	acott	, M. D.	22d. ADDRESS Deer's He	ead Hosp	ital; Sali	sbury, Md.
23g BIIRIA	AL, CREMATION, 23b. DATE THEREC)F	23c. NAME OF CEMETERY (ON (City or Town)	(Caunty) (State)
	WALSberity Z_18_4		Ilnian	on encountry on			lengland

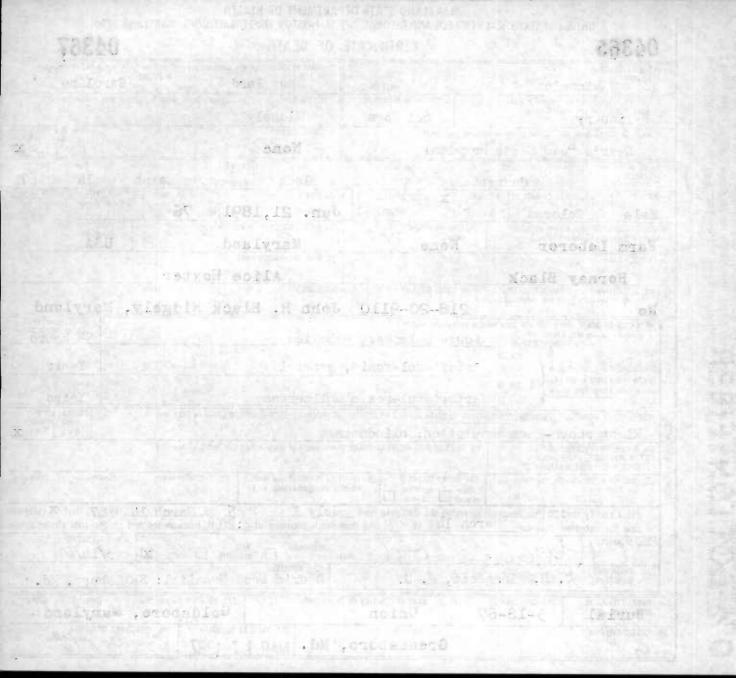
Greensboro, Md.

2Sa. REC'D BY REGISTRAR

2Sb.

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0436	6		CERTIFICATI	E OF DEATH			0420	0
1.	PLACE OF DEAT a. COUNTY	icomico		MARYLAND	a STATE	E (Where decease	ed lived, If Instituti b. COUNTY	on Remarked Wicomic	elore admission)
	b. CITY OR TOV Write RURAL	VN (If outside corpora and give nearest tovalisbury	te limits, /n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	ate limits, write R	URAL and give	nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION		nospital, give street address)	d. STREET ADDRESS		St t		IS RESIDENCE ON A FARM?
3.		eninsula Ge	rst rerai	Middle	Lest	Hammond 4. DATE	Month	Day	Year
	(Type or print)	AVE	RY	LEE	BOWDEN	OF DEATH	March	21	1967
5.	Male	6. COLOR OR RACE White	7. MARRIED	TY HEARY INVINITED	November 5,1	a	GE (In years IFUI Mon 69 vrs. 4	ths Days	Hours Min.
10 du		TION (Give kind of work king life, even if retire - Baker		KIND OF BUSINESS OR INDUSTRY read Company	Whaylesv:		foreign country) 1	2. CITIZEN OI COUNTRY? USA	FWHAT
13	FATHER'S NAM		4 11		14. MOTHER'S MAID	EN NAME			
1: (Y	Lemuel 2 5. WAS DECEASED (es, no, or unkown) No	Bowden EVER IN U.S. ARMED FO (If yes give war or dates		. SOCIAL SECURITY NO. 17.	Annie Par INFORMANT Mr. Thomas I 306 Pryor Av		Address n & Mrs.	Sadie E	(Wife) cowden
NO	PART I. D ### A A A A Conditions, If gave rise to cause (a), s underlying cau	EATH WAS CAUSED BY IMMEDIATE CAUSE DUE eny, which immediate stating the se last.	TO (b) TO (c)	Ilne for (a), (b), end (c).] My ocar Coverney EUTING TO DEATH BUT NOT RELA	lial in therow.	sfær.	1	ONSET 3	and Death Cr Was AUTOPSY
CERTIFICATION	20a ACCIDENT	WAS UNDERLYING CING CAUSE OF DEADTIFY MEDICAL EXAMI	20h.	DESCRIBE HOW INJURY OCCU				YES	PERFORMED?
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day,		INJURY OCCURRED 20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	tc.)	y or town)	(County)	(State)
		ceased alive on	pital) attend	ded the deceased from	death occurred at	957, to 2 135M, from		on the date	stated above.
	22c. PHYSICI NAME (1	AN'S	e e	Mus M.O	PHYS. 22d. ADDRESS	MED. DIRECTOR	11110.	March_	/1967
-	1	ur. L.					Delmar,		
23	REMOVAL (Sp Burial	March		7 Wicomico Memo			isbury A AR 25b. REGIS		(State)
2	4. FUNERAL DIR		ar	ADDRESS				_	
1	HOLLOW	AY & COMPAI	VY, SAL	ISBURY, MARYLAI	ND INNER 9	7 1967	Huane	en Judg	

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completer. They in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

hours after dead

PHRIVESdeligned the second of the sec Carles - wolden - water broad by the carles willing may be a My ocardial instance Commercy Heremberra arrupy appear was 4836. 12 12 Marie 21 17 CONTRACT TO THE PARTY OF THE PA SALLING TOP TO BE A SALL OF THE SALL OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04367

CERTIFICATE OF DEATH

04369

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if instit	rution: Residence befare admission)				
	a. COUNTY	MARWAND	a. STATE DELAWARE b. CO	UNTY				
	Wicomico	MARYLAND		2022CX				
'	 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write F	RURAL and give nearest tawn)				
	Salisbury	13 NAYS	Lewes	46-3				
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Peninsula Genera	l Hospital		YES NO D				
3.	NAME OF First	Middle	Last 4. DATE Ma	anth Day Year				
	DECEASED (Type or print) LURANA	OWENS BRITT	INGHAM DEATH MARCH	1 1 -				
S.	SEX 6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS.				
1	EMALE White	WIDOWED DIVORCED D	Feb 25, 1884 85 yrs.	Manths Days Haurs Min.				
	. USUAL OCCUPATION (Give kind af wark done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, or foreign country)	12. CITIZEN OF WHAT				
duri	ing most of working life, even if retired)	OWN Home	DPL SUSSPY	COUNTRY				
13.	FATHER'S NAME 1		14. MOTHER'S MAIDEN NAME	10.0,				
	DAVID OWENS		LAURA WILLEZ	/				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	. 1		dress				
(Te	es, no at unknown) (If yes give war ar dates af se	UNKNOWN M	RS MARIA BATTS DE	LMAR, Md.				
H	18. CAUSE OF DEATH (Enter anly one cause		. 1	I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	Arterio scherotie	cardiovasular disease	ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	13. 10.10 301828136	Chidio his cola Allenia	007 45				
	Conditions if any which area							
	rise to immediate cause (a), (b) Diabetes mellities							
	stating the underlying cause DUE TO	7 / / .						
	lost. (c)	DIA betse garge	rive, foot	3 mos				
-	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
CERTIFICATION				PERFORMED?				
5	20a. ACCIDENT WAS UNDERLYING □	JOH DESCRIPE HOW INTERV OCCUPRED	(Enter noture of injury in Part I ar Part II af item 18.)	18 10				
E	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INSORT OCCURRED.	cines notice of injury in run run run in at hem to.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.		CE OF INJURY (Hame, farm, 20f. (City ar tawn) ory, street, office bldg., etc.)	· (Caunty) (State)				
W	p.m. 19	While Nat While factor	ory, street, office blug., etc.)					
	21. I certify that (I) (this hospit	al) attended the deceased from	2-18 .1967 to 3-9	, 196 /that (I) (we) las				
	saw the deceased alive on	3-2 1967, and that	t death accurred at #20/1 M, from cause	s and an the date stated above				
	22a. SIGNAFURE	7-7		22b. DATE SIGNED				
	Etent ain	Key M.E	D. ATTENDING MED. STAFF DIRECTOR PHYS.	7 3 - 2 - 17				
	22c. PHYSICIAN'S	, ma	22d_ADDRESS .	2 3 5/				
	NAME (Ype) KENT (ARNE4	SALISBURY, MO					
230	BURIAL CREMATION. 23b. DATE THEREO	DF 23cy NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City or	Tawn)\ (County) (State)				
200	REMOVAL (Specify) 1 3-6-1	0: -1 1/1	1					
0.4		967 BREEN WO						
24	I. FUNERAL DIRECTOR	ADDRESS	1110 0 1007	REGISTRAP'S SIGNATURE Judge				
	IIII TUNERALF	TOMP DALISOUR	4, MC DATE MAR 6 1967	1				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deg Poge 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04368 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Somerset o. COUNTY o. STATE Maryland Wicomico CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Princess Anne Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Somerset Ave. YES NO THE Peninsula General Hospital NAME OF Lost DATE Month Doy Year DECEASED 19 6 (Type or print) DEATH IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. last birthdoy) Months Doys Hours Dec. 6. 1891 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Internal Revenue Service COUNTRYS **INDUSTRY** Somerset Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Brown Ella A. Bounds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Dorothy Brown, Princess Anne. Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 19 , 19___, that (I) (we) last . ta , and that death occurred at 5 AM, fram causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE. 22b DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PENGWAL (See lify) 3/30/1967 Manokin Presbyterian Princess Anne, Maryland APR 3 196 (24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Princess Anne. Md. 1967

requires that the death certificate be executed within 24 haurs after death. by the funeral campletely filled in and physician attending phy permit. Then signed by the burial-transit **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. this certificate O FUNERAL DIRECTOR: After

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2001 AND BULL tonical and but bered . Somersed . Hueta I, Last Thomas .b. .dD Journald Delvice objects observed Limited men E. II e croe shifted . A still od, Joseph Menyon, Prince of Anno, Md. e con El compo El Manoria besieven bestellter den bestellter bestellter der bestellter beste Fig. 18t, our Manuel reserve

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

0436	6.9		CERTIFICA	TE (OF DEATH			U	43/1	
PLACE OF DEATH O. COUNTY	Vicomico		MARYLAND	- 11	o. STATE Maryl	Where deceosed and	l lived, if institution b. COUNTY	1	before odmissi	on)
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 1b	C.	CITY OR TOWN (If ou		limits, write RURAL			
	d give neorest town)		64 days		Salisb	ury			22-1	
	AL OR INSTITUTION (If not in	, ,		d.	STREET ADDRESS				e. IS RESI ON A F	DENCE ARM?
Deer's	Head State	Hospi	tal .		303 E. I	Locust	Street		YES	NO 🔼
3. NAME OF DECEASED (Type or print)	First Norma		Middle Mae		Lost Bunting	4. DATE OF DEATH	Month Marc	h		67
s. sex Female	T.T7 * 1.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	1	ate of Birth tober 24,1				YEAR IF UNDE Doys Hours 22	R 24 HRS. Min.
100. USUAL OCCUPATION during most of working House Wor	N (Give kind of work done life, even if retired) k		ND OF BUSINESS OR DUSTRY		1. BIRTHPLACE (County W. Wheelir			12. CITI	ZEN OF WHAT NTRY?	
13. FATHER'S NAME					. MOTHER'S MAIDEN					
Lewis Ste					Lillian Pu	irdy (-				
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice) 16. S	SOCIAL SECURITY NO. 10-52-8179	17. INFO	RMANT Bernard ite Haven,	T. Bun Marvl	ting (Son		dely	
	te couse (o),	Bro	(o), (b), ond (c).) onchopneumoni rebral thromb	-					interval be onset and i 11 day 3 month	DEATH 75
PART II. OTHER SI	IGNIFICANT CONDITIONS CONT		O DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CON	NDITION GIVEN	IN PART 1(o)		19. WAS AUT PERFORM YES	OPSY NO 🔀
20o. ACCIDENT WA			SCRIBE HOW INJURY OCCURR	RED. (Ente	er noture of injury in	Port 1 or Port I	l of item 18.)	. 4		
20c. TIME OF INJ Hour o.i	10	20d. IN While of work	Not While		F INJURY (Home, form street, office bldg., etc.)		(City or town)	(Cour	ity)	(Stote)
	ify that (I) (this haspit eceased alive an	al) attend 3/16	ded the deceased fram 1967, and t	n that de	ath accurred at	9 <u>67</u> , ta M,	fram causes an	, 19 <u>_6</u> nd an th	7, that (I) (e date state	we) las d abave
22o. SIGNATURE	VV. Wa	lele	4	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF X		TE SIGNED 17/67	
22c. PHYSICIAN'S NAME (Type		lve, M	1. D.		22d. ADDRESS Deer's He	ead Hos	pital; Sa	alisb	ury, Mo	
230. BURIAL, CREMATIC REMOVAL (Specify BURIAL) 24. FUNERAL DIRECTO	March 20	196	ADDRESS	emor	ial Park		ATION (City or Town Surv. Ma 25b. REGIS	arvla	nd_	Stote)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion.

SP SHIP CONTRACTOR Medical Street of the Street TO THE STATE OF THE STATE OF BURE TO THE PERSON OF THE PERS . but the part of the second through the second to the sec AND THE RESERVE OF THE PROPERTY OF THE PROPERT BALLOW & BULERY, MARLEY N. MICHAEL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). PLACE OF DEATH o. COUNTY o. STATE Wicomico Maryland Worcester MARYLAND lond 2 with the State Department deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 17 days City Salisbury Pocomoke d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Give Poges 1, Office olong with form 80 NO X Peninsula General Hospital 407 Walnut St. YES 🗍 NAME OF 4 DATE Month Last DECEASED OF JOHN. HENRY CAUSEY March 11, 196719 (Type or print) DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Item 18. 2-9-1882 after death. White Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building COUNTRY? Maryland e certificate, writing the word "pending" in pencil in shauld be forworded to the Chief Medical Exominer's buriol-tronsit permit. File poges 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 72 hours -unknown--unknown-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unknown) (If yes give wor or dates of service) event within 214-12-6489 Mrs Lillie Causey, Pocomoke City, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic heart disease IMMEDIATE CAUSE (o) should writing the word DUE TO ony Conditions, if ony, which gove rise to immediate couse (a). = DUE TO 0 stoting the underlying couse ond be used 19. WAS AUTOPSY removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? the certificate, Fractured left hip NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING TO Fell at home. CAUSE OF DEATH cremotian, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) (Stote) factory, street, office bldg., etc.)
Own home While Not While may be retoined for your FUNERAL DIRECTOR: Page of work 2-24-6719 Pocomoke, Worcester, Md. ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my apinian death resulted frame Natural causes . Accident X. Suicide 🗔 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER March 18, 1967 Heolth Address (Street, city, town, or county) 1.09 Camden Ave., Salisbury, Md.

10N. | 23b. DATE THEREOF | 23c. NAME OF TEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 50 Bethany Methodist Pocomoke City Md. Wor. 3-16-1967

ADDRESS

Watson Funeral Home, Pocomoke, Md.

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2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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MEDICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Delaware Wicomico Sussex MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest tawn)
Salisbury hrs. Selbvville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital E. Railroad Ave. YES NO IX NAME OF Middle 4. DATE Month Day DECEASED 26 Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years NEVER MARRIED birthday) Haurs 1913 male colored WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.A. INDUSTRY Tumber New Jersey 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Hooper Cephas Roxie Cephas IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates af service) Janie M. 216-18-8911 Cephas Selbyville, Dela. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CALISE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY → ar Contributing ☐ Cause of Death. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 TIME OF INJURY Manth, Day, 20e. PLACE OF INJURY Hame, farm, (Caunty) (State) factory, street, affice blda., etc.) While Nat While at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Accident Suicide Homicide Noturol couses_ Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME OF METERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) Showell Cem. Showell Md. Worcester ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. Selbyville.

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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write RURAL and give neorest town) Salisbury			317 days		Cambridge			0	09.2	
	PITAL OR INSTITUTION (If n	ot in hospitol, g		d. 5	TREET ADDRESS					ESIDENCE
Deer	's Head Sta	te Host	ital		606 Hub	ert Stre	et		YES	A FARM?
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OR CONTRIBUTION	YAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter	noture of injury in	Port I or Port II	of item 1B.)		E saje	
₽ Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. If While	Not While		INJURY (Home, for reet, office bldg., etc		lity or town)	(Count	y)	(Stote)
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	deceased alive on_	3/23	1967, and	that dec	th occurred q	M, 1	rom causes	and an the	date sta	ted abav
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14/1	Mon	120	M		TTENDING PHYS.	DIRECTOR _	STAFF PHYS.	3/23	3/67	
22c. PHYSICIAI NAME (TY	N'S A. C. M	itchell	L, M.D.		22d. ADDRESS Deer's H	ead Hosp	ital; S	Salisbu	ry, M	ld.
23o. BURIAL, CREMA		IEREOF	23c. NAME OF CEMETERY	OR CREM	TORY	23d. LOCAT	TION (City or Tox	vn) (Co	ounty)	(Stote)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in only event, within 72 hours after deat event, within 72 hours after Poge 4 moy be retoined by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland icomico Wicomico MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page in Salisbury 5767 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? venta within Peninsula General Hospital 330 Camden Avenue NO YES T and completely fremove carbon por any events within death certificate be executed within NAME OF First Middle Last DATE Month Oav Year DECEASED HAZEL 1967 VIRGINIA COLLINS 17 (Type or print) March DEATH SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO X NEVER MARRIED last birthday) Months Hours Female White WIDOWFD [September 19,1909 OIVORCED ! attending physician a ermit. Then please re on, or removal, and in a = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Somerset County, Maryland USA Beautician 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Robert W. Heath Mollie Messick 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. In to burial, cremation, or I (Yes, no, or unkown) (If yes give war or dates of service) (Sister) Mrs. Main Clinton Massey St., Willards. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: be retained by the hospital or attending physician. 2 mas IMMEDIATE CAUSE (a DUE TO Conditions, If any, which LINGMA (b) gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO P detached fr 20a. ACCIDENT WAS UNDERLYING [OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e, PLACE OF INJURY (Home, farm, 20f. (CIty or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be at work at work director, page 3 should should be filed with the 0 21. I certify that (I) (this hospital) attended the deceased from AW and that death occurred at 0:304, from the causes and on the date stated above. han 196 saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. Marchall FO HOSPITAL (Page 4 may I M.O. 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) Medical Center, Salisbury, Maryland Dr. H. Grav Reeves BURIAL, CREMATION. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Wicomico Memorial Park Salisbury, Maryland March 21,1967 24. FUNERAL OIRECTOR AOORESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE & COMPANY, SALISBURY, MARYLAND Marles VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, na, ar unknawn) (If yes give war ar di	CCES? ales af service) 16. SOCIAL SECURITY NO. 17. INFORMANT HYDERNIA FREE HYDERNIA FREE	MAN yourgestown Ohio
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04375 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours ofter deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY Wicomico impletely filled in by the fur ve carbon papers. Pages 1 eyent, within 72 hours offer b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula General Hospital YES NO X NAME OF Middle 4. DATE Lost Month First Dov DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED remove, NEVER MARRIED lost birthdov) Months Dovs Hours Oct. (pent) WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life seven if retired) OWNDUSTRY OTHE USA? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, William Taylor Lavina Lewis 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 212-16-1412 Lillian Downs Willards. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit Hemonkore PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Techelu NO ellelone 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this-haspital) attended the deceased fram_ 3-30,1967, to 3 - 30, 1967, that (1) (we) last director, page 3 should should be filed with the saw the deceased glive on 3 - 30 19 62, and that death occurred at 7 4 M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) Cooper REMOVAL (Specify) illards Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATEAPR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04376 CERTIFICATE OF DEATH funeral s 1 and 2 ter death. I. PLACE OF DEATH o. Waryland a. COUNTY Wicomico The law requires that the death certificate be executed within 24 hours ofter ofter MARYLAND by the fi Poges c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, completely filled in by the ove carbon papers. Poge , event, within 72 hours of

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2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTICOMico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write_RURAL and give nearest town) Salisbury 10 Yrs. Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 311 N.Blvd., YES NO PE Sp. Hill Pr. Sani. 3. NAME OF Middle Lost 4. DATE Month Year First DECEASED 67 DISHAROON WILSON 19 ROGER (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED K **NEVER MARRIED** birthdoy) Doys Hours Nov. 24, 1897 WIDOWED DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) NDUSTRY Worester, Maryland Life Insurance Retired Branch Manager 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry W. Disharoon Ollie Coulbourn 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Helen Nock Disharoon sec 2 229-01-8974 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) lesdes rascular renal ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work deceased fram______, 1960, ta___3-3_, 1966, that (1) (we) last 1966, and that death accurred at 3:308 M, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an_ 22o. SIGNATURE DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Salisbury, Maryland Dr. Philip A. Insley NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Wicomico Memorial Park Salisbury, M ryland -5-1967 Burial 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Salisbury, Maryland 1967 Hill Funeral Home MAR 6

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	4	3	7	7	

CERTIFICATE OF DEATH

04379

PLACE OF DEATH G. COUNTY				2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT	ny '
u. coomii	Wicomico		MARYLAND	o. STATE Maryl	and	Worcester /
b. CITY OR TOWN (If autside carparate limits,			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporote limits, write RURA	AL and give nearest tawn)
	write RURAL and give nearest tawn)		2,464 days	Whaley	ville	22-2
Salisbu	PITAL OR INSTITUTION (If nat in	hasnital air	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE
		1 , 3				ON_A_FARM?
	ad State Hosp	ital,			1	YES NO X
3. NAME OF	First		Middle	Last	4. DATE Manth	
(Type or print)	Ethel		М.	Downs	DEATH March	
. SEX	6. COLOR OR RACE 7.	. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.
Female	White	WIDOWED	DIVORCED T	May 6, 1890	76 yrs.	Months Days Haurs Min.
	ON (Give kind af wark dane	10b. KIN	D OF BUSINESS OR		& State, or foreign cauntry)	12. CITIZEN OF WHAT
	ng life, even if retired)		USTRY			COUNTRY?
13. FATHER'S NAME	sewife	Ow	n Home	Delawa:		USA
3. PATHER 3 NAME				14. MOTHER'S MAIDEN	IVAINE	
		vneh		Maggi		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 1) (If yes give war or dates of se		OCIAL SECURITY NO. 17	INFORMANT	Addres	S
XX	1) In yes give war or dutes or se	314160)	XX (†	orga Down	s Whalevville	. Wa
	DEATH (Enter anly one cause	per line far (INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	Ril	ateral bronch	nonneumonia		ONSET AND DEATH
1191	IMMEDIATE CAUSE (a)		200202 020101			Jaays
Canditions if a	101		tiple rheumat	oid arthriti	e	Years
	inte couse (a)		orpro rincana	old along to	.0	Tears
	derlying couse DUE TO					
lost.) (c)					
PART II. OTHER 20g. ACCIDENT I OR CONTRIBUTI	SIGNIFICANT CONDITIONS CONT	TRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT	WAS UNDERLYING	205. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 1B.)	
OR CONTRIBUTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	1000				
	NJURY Manth, Doy, Year	20d. IN	URY OCCURRED 20e. F	LACE OF INJURY (Home, fari	m, 20f. (City or town)	(Caunty) (State)
Haur	a.m. 19	While	Nat While f	actary, street, office bldg., etc		
	p.m.	at wark		6 /9	10.60 3/8/	167 11 11 11 1
	rtify that (1) (this hospit	al) attend	ed the deceased from	6/8	19.60 Pto 3/8/	, 1 <u>97</u> , that (I) (we) land an the date stated above
	deceased olive an	3/8	19_ <u>07</u> , and fi	nat deoth occurred a	M, fram causes of	
22a. SIGNATU	RE	· o do		ATTENDING	MED. STAFF	22b. DATE SIGNED
	let the	il al	U.	M.D. PHYS.	DIRECTOR PHYS.	3/9/67
22c. PHYSICIA NAME (Ty		aldve,	M. D.	Deer's He	ead State Hospi	ital, Salisbury, M
23a. BURIAL, CREMA	TION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or Tow	(County) (State)
BEMONAT (See	(ify) 3/11/6	57	Pozra		Roxana, D	elaware
24. FUNERAL DIRE			ADDRESS	2Sq. REC	D BY REGISTRAR 2Sb. REC	GISTRAR'S SIGNATURE
14	1111/11/11	Sell	byville De	, MAI	R 1 3 1967 20	harles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and throny event, within 72 hours after death. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificote be executed within 24 hours ofter Page 4 moy be retoined by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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VR A15 (4) 20 M 1/66

7-220042

04378	, ,	CERTIFIC	AIL OF DEATH		0/1320
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased lived, if institu	ntion: Residence befare admission)
o. COUNTY		MARYLAN	o. STATE	b. cou	Worcester V
b. CITY OR TOWN (If outside corporor	te limits	c. LENGTH OF STAY IN 18		If outside corparate limits, write RL	IRAL and give negrest town)
write RURAL and give nearest tov		C. ELIOTI OF SINT IN TE	· ·	·lin	SKAL dild give nedicsi lovinj
Salisbury					23-2
d. NAME OF HOSPITAL OR INSTITUTION	N (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula Ge	neral H	ospital	Rt. #3	3, Box 389A	YES NO
3. NAME OF	First	Middle	Lost	4. DATE . Mor	nth / Day Year
DECEASED (Type or print)	BABU		DYNCAN	OF DEATH MARC	1 7 1967
S. SEX 6. COLOR OR RA		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS.
Mi i Ni .				lost hirthday)	Months Doys Hours Min.
MALE NEGR			3-7-6		1 25
10o. USUAL OCCUPATION (Give kind of wor during most of working life, even if retired)		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
doring most of working me, even it fellred	/	INDUSTRI	Wico	omico	12.5.A
13. FATHER'S NAME			14. MOTHER'S MAIL		
Adalaphus 1	Dounlas	DUNDAN	1 Airles	4 Spence	2.
15. WAS DECEASED EVER IN U.S. ARMED FO	OPCESS 4 16	SOCIAL SECURITY NO.	17. INFORMANT	Addi	roce . /
(Yes, no, or unknown) (If yes give war or		JOCIAL SECORITY NO.	F-11/1.5		Elin Md, ann
			1M119 9	reave R.F	", D#3-BOX 38417
1B. CAUSE OF DEATH (Enter only	one cause per line fo	r (o), (b), ond (c).)	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED E	CAUSE (o)	malu	uly "		ONSET AND DEATH
7615	DUE TO		4		
Conditions, if ony, which gove	(b) Uh	emplen	· de hom		
rise to immediate couse (a),	DUE TO			-	
stoting the underlying couse	10 (2)	Per Tal	Siner		
lost.	(1)	occurati			
PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
AJIC					YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEAT (IF FITHER NOTIFY MEDICAL FYAMINE	20b. D	ESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury	y in Port I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEAT					
20c. TIME OF INJURY Month, Day,	/	INJURY OCCURRED 20e	e. PLACE OF INJURY (Home,	farm, 20f. (City or town)	· (County) (Stote)
Hour o.m.	While	e Not While	foctory, street, office bldg.		(20011)
p.m.	19 of wor				
21. I certify that (I) (th				_, 19ta	, 19, that (I) (we) la
saw the deceased dive	an		that death accurred	at 9 M, tram causes	and an the date stated abov
22a. SIGNATURE	1 /2	1/	ATTENDING _	MED. STAFF	22b. DATE SIGNED
1		un s	SMO. PHYS.	DIRECTOR PHYS.	
22c. PHYSICIAN'S		ecolor selections	22d. ADDRESS		
NAME (Type)					
23o. BURIAL, CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or To	own) (County) (Stote)
REMOVAL (Specify)	-9-67	Cedar Ch		MOWASK	
18URIHI)	7-6/		1001		MOST PARTY IN THE STATE OF THE
24. FUNERAL DIRECTOR	1000.	ADDRESS	m 0 250	AR REGISTRAR 2567 256	TO SHAR SOUGHAND BEEN STATE OF THE STATE OF
Jorella 10.7	occey -	pawwere	DATE	7 1001	00

HEAR OF THE LIBERT Life March, Landan Braza tons Particular and the second of t COUNTRY THE CONTRACTOR OF THE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04379 CERTIFICATE OF DEATH within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND icomico within 72 haurs after Wicomico b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled T NO T Peninsula General pan 3. NAME OF DATE Day Year campletely DECEASED kes. 31 196 JOHN SR. DEATH (Type or print) Car OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PATE OF BIRTH AGE (In years remove last birthday) Months 10 Haurs in any May 11, 1911 WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? lease physician nen please Bun Pump Co. Worcester County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal attending phys Charles H. Dykes Lula V. Davis NFORMANT Mrs. Maude Pruitt Dykes (Wife) 607 Monroe Street, Salisbury, Maryland INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, or unknown) (If yes give wor or dates of service) 5 222-07-6263 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Kuncardial IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending the has been last. ds WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour a.m Nat While at wark After pe 21. I certify that (I) (this hospital) attended the deceased fram. 196 / to 3-3 , 1967, that (I) (we) last director, page a sur-19 67, and that death accurred at 7 2 M, fram causes and an the date stated above. 3-31 DIRECTOR: saw the deceased alive on____ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING April /1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may O FUNERAL Dr. James L. Clifford NAME (Type) Salisbury, Maryland 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) (County) REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland April 2,1967 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR Meliantes VR A15 (4) 20 M 1/66 HOLLOW AY & COMPANY, SALISBURY, MARYLAND 1967

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

04380

CERTIFICATE OF DEATH

04382

_						
1.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (V	Where deceased lived, if institution: b. COUNTY	Residence before odmission)
		Wicomico	MARYLAND			Worcester
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		itside corporote limits, write RURAL	
		d give neorest town)				22.2
_		isbury	since 12/31		- Berlin	13'0
1			hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		uff State Ho			0x_90	YES NO 🕞
3.	NAME OF DECEASED (Type or print)	First	Middle FLLT	Lost	4. DATE Month OF DEATH Marc	Doy Year h 25 19 67
S.	SEX		MARRIED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	FUNDER 1 YEAR IF UNDER 24 HRS.
	M	TAT .	WIDOWED DIVORCED	Oct. 13, 1		Months Doys Hours Min.
10	o. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT
dυ	ring most of working Water	life, even if retired)	INDUSTRY	Comencet	Co. Maryland	COUNTRY?
13	. FATHER'S NAME	liali		14. MOTHER'S MAIDEN		USA
10						
L		Elliott			Messick	
12	6. WAS DECEASED EVI	ER IN U.S. ARMED FORCES? ((If yes give wor or dotes of se	16. SOCIAL SECURITY NO. 17	. INFORMANT	Address	
1	No	li you give wor or do los or so	220-16-9691-A	Records o	f Pine Bluff H	ospital
	18. CAUSE OF D	EATH (Enter only one couse p				INTERVAL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:				ONSET AND DEATH 2 wks
	420	DUF TO	Coronary Oc	clusion		Z WAS
	Conditions, if ony	DOL 10				CANCEL STREET
١.	rise to immedio	te couse (o).				
	stoting the unde					7 4 6 6 6 6 6 6 6
	lost.) (c)				
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
JEIG	20o. ACCIDENT WA		205. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
E	OR CONTRIBUTING	G CAUSE OF DEATH (MEDICAL EXAMINER)				
ਤ	204 TIME OF INI	URY Month, Day, Yeor	20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form	n. 20f. (City or town)	(County) (Stote)
MEDICAL	Hour o.	m.	While Not While	octory, street, office bldg., etc.		(cooning) (store)
	p.	III.	ot work at work	20/=3	1000 - 7/0=	10.05 (1 : (1) ())
		i ty that (I) (this haspit leceased alive an	al) attended the deceased fram 3/25 1967, and t			_, 19 <u>67</u> , that (1) (we) las d an the date stated above
	22o. SIGNATURE		0/20 1/02 / 010 /	Tar additi decorror a		22b. DATE SIGNED
	220. STOTIATORE	ERRIT	aliner.	M.D. PHYS.	MED. STAFF PHYS.	3/26/67
	22c. PHYSICIAN': NAME (Type	E.P. Ritc	chings, M.D/	22d. ADDRESS	uff State Hosp	ital
23	Bo. BURIAL, CREMATI)R-CREMATORY	23d. LOCATION (City or Town)	(County) 7-1 (Stote)
25	REMOVAL (Specif	3				MAR.F.D
1	4 FUNERAL DIRECTO		67 JUINNER ADDRESS		D BY REGISTRAR _ 2Sha REGIS	TRAR'S SIGNATURE
1 2	4: PUNEKAL DIKECIO	A Burbo	ine a de m	2Sa. REC		arles judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Yuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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	The state of the relative		
Law Audit files			
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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuner director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH 04381 CERTIFICATE OF DEATH 04383

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Re	esidence before edmission)
	e. STATE b. COUNTY	COVER THE LAND
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	mico
write RURAL end give neerest town)	C. CITY OK TO WIN (IT outside corporete limits, withe KOKAL end	give neerest town;
Salishury	Salishury	22-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Salisbury d. STREET ADDRESS	. IS RESIDENCE
		ON A FARM?
3. NAME of St. 683	683 Fitzwater St.	YES NO
DECEASED	OF	Dey Yeer
(Type or print) Charles F1	letcher March	6 1967
	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 '	YEAR IF UNDER 24 HRS.
	lest birthday) Months C	Deys Hours Min.
WIDOWED DIVORCED	12/26/1895 71 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Labor	Maryland U.S	Λ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	o 25- o
		ENGLISH STATE
Unknown	Emma Fletcher	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgive werordetesofservice)	INFORMANT Address	
	marian 607 Bitamatan 64	C 71 1/1
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	e Frazier 683 Fitzwater St.	I INTERVAL DETVACEENT
BARTI BEATH WAS GAUSED ON	1 - 12	onset and death 2 days
IMMEDIATE CAUSE (e) Congestive Hea:	rt Fallure	2 days
A / 1/1 X DUE TO		
Pagential Hime:	rtension	4 yrs
geve rise to immediate cause	2 001152 011	1 7 2 0
(e), steting the underlying DUE TO		
ceuse lest. (c)	The state of the s	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
Diabetes mellitus		PERFORMED?
9		YES NO
☐ 2De. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING ☐ CAUSE OF DEATH	ED. (Enter nature of injury in Pert I or Pert II of item 18.)	
ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, † 20f. (City or town) (Coun	nty) (Stete)
Hour e.m. WhileNot While fect	tory, street, office bldg., etc.)	.,,
p.m. 19 et work et work		
21. I certify that (I) (This has also attended the deceased from	1/16/63 , 19 , 13/4/67 , 19.	that (I) (I) (I) last
saw the deceased alive on 3/4/67 19, and that	Put from the causes and on the	date stated above
	death occurred at	
220. SIGNATURE U Suely Ar	ATTENDING MED STAFF	3/9/67 SIGNED
M. M	A.D. PHYS. DIRECTOR PHYS.	3/9/01
22c. PHYSICIAN'S	22d. ADDRESS	2.6.7
NAME (Type) Ivory U. Sully, Jr., M	D P. O. Box 126, Berlin,	Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county	(5)-1-)
REMOVAL (Specify)		
Burial 3/4/67 Green Arces	Cometory Salisbury, Mar	yland _
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS		
101 + I Oh + 11: 0	MAR I 4 1967 256. BEGISTRAR'S S	o Justin
Chingon or seller The	POS DATE	0

5.0 SSEAU OR LYLEN - A CONTRACTOR OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND SIAIE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ADDITION OF DEATH

04382 Ttem #2d	Film #G387 1/6/67	DC DEATH	043	384
PLACE OF DEATH		2. USUAL RESIDENCE (When		sidence before edmission)
Wicomico	MARYLAND	•. STATE Maryland	b. COUNTY	omico.
b. CITY OR TOWN (if outside corporete limits, writa RURAL end give nearest town)	c. LENGTH OF STAY IN 16		corporata limits, write RURAL end	give neerest town)
Salisbury		Salisbury		22./
d. NAME OF HOSPITAL OR INSTITUTION (IF no	ool in hospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
Wicomico Nursing H		DALLW//44/ 700	Richmond Ave.	YES NO
B. NAME OF First	Middle	Last 4. DA		Dey Yeer
(Type or print)		OF DEA	TH Manch 9	2 1967
. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1)	
	was a was a same		lest birthday) Months D	eys Hours , Min.
Da. USUAL OCCUPATION (Give kind of work	VIDOWED DIVORCED M	arch 29, 1900	or foreign country) 12. CITIZ	LEN OF WHAT COUNTRY?
lone during most of working life, even if retired)	IOD. KIND OF DOSINESS ON INDOSERS	II. DIKITITE AND COUNTY OF STORE	s, or loreign country)	EN OF WHAT COUNTY
Domestic B. FATHER'S NAME		Virginia	U.	S.A
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Hvder Kyes			ington	
5. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no, or unkown) (Ifyesgivewarordetesofsarvi		NFORMANT	Address	
No	Ve	rnie Frazier 1	No 3 Nockmois	
18. CAUSE OF DEATH [Enter only one ce	use per line for (e), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Uremie			?
1/4/3 \ DUE TO	11 1- 0	, 0 7		7
Conditions, if any, which (b)	Ity ferlewsme C	-V-R Drs	lase	
geve rise to immediate cause				
(e), stating the underlying ceuse lest.				
	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
				PERFORMED?
20e. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	Contraction of injury in Bort i or	Port II of item 18.)	1 []
PART II. OTHER SIGNIFICANT CONDITIO	200. DESCRIBE HOW INJOK! OCCURRED	o. (Enter neture of injury in rest 1 of	rell it of hem to-	
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f.	(City or town) (Coun	ty) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	WhileNot While factor	ory, street, office bldg., atc.)	(City of lown) (Coun	(31816)
p.m. 19	et work at work	(Mw 106)	-1-3/1	7
21. I certify that (I) (this hospital)			to	, that (I) (we) las
saw the deceased alive on	19 and that	death occurred atM, for	rom the causes and on the	date stated above.
22e. SIGNATURE	pl .	ATTENDING MED.	STAFF	22b. DATE SIGNE
William to	yran M.	DUNG EN DIRECTOR		310112
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
3a. BURIAL, CREMATION, 23b. DATE THEREC REMOVAL (Specify)	OF 23c. NAME OF CEMETERY C	OR CREMATORY 23d.	LOCATION (City, town or county) (Stete)
Burial 3/24/19	967 Nebo		lmar	Del.
Mister of Stell	rant Serlis	SMA DATE 30	1967 Personal 256, Registrar's s	
				9

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECOPDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04383 CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND hin 72 hours after requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) filled in by the c. LENGTH OF STAY IN 1b Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence b. COUNTY de carparate limits, write RURAL and give nearest tawn IS RESIDENCE ON A FARM? Peninsula General YES NO Hospital 3. NAME OF Middle Year DECEASED 19 6 MARCH DEATH (Type or print) IF UNDER 24 HRS. SEX COLOR OR RACE AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** birthday) Days Hours DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during most of warking life, even if repired) INDUSTRY 13. FATHER'S NAME 16. SOCIAL SECURITY NO **INFORMANI** Address (Yes, na, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🗁 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram, 12-22- , 1965 to ____, 19.67 that (I) (we) last 3 - 6 - 19 67, and that death accurred at 635 M, fram causes and an the date stated above. saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Musal 23a. BURIAL, CREMATION 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY (State) (City or Town) (County) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S

O FUNERAL DIRECTOR: After this certificate hos been director, page 3 sha should be filed with Poge 4 moy VR A15 (4) 20 M 1/66

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physician c

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signed by the

be retoined by the hospital or ottending physicion.

ATTENDING PHYSICIAN: The low

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būrial-tronsit permit. Then pl burial, cremation, or removal,

be detached for use os the State Dept. of Health prior to

~ (1)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04386

04384

on and A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission)
5 5 A 1	a. COUNTY Wicomico MARYLAND	a. STATE b. COUNTY
by the funeras. Pages I and haurs after dea	b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CUTY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
the sage	write RURAL and give neorest tawn)	C. CAT OK TOWN (IT OUTSide comporate limits, write KOKAL and give nearest fown)
>-d	Salisbury	WCEAN CITY 23-2
n l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREFT ADDRESS e. IS RESIDENCE
d i		ON A FARM?
Pagin 80	Peninsula General Hospital	COLF COURSE (1) YES NO D
vit vit	3. NAME OF First Middle	Last 4. DATE Manth Day Year
To the	DECEASED (Type or print) (AROCINE	Tilbert DEATH March 4 1967
ampletely filled in by the fur vertation papers. Pages I event within 72 haurs after	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ave e	THE TENENT OF TH	lost birthday) Manths Days Haurs Min.
p u k	Famale White WIDOWED DIVORCED	1882 84 yrs.
ician and co lease rema and in any	TOa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT
an ase	during most of working life, even if retired) INDUSTRY	FLORIDA COUNTRY'S, A.
olec al	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
hy a	13. TATTER 3 NAME	14. MOTTER 3 MAIDEN NAME
ng b	mpurm	linkritun
in Te	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT Address /\ Address
ar ar	(Yes, no, or unknown) (If yes give war or dates af service)	Mr. HAROLD GILAGOT UCEAUCITY
att an,	110 1 140 - 11	
prystations are attending physician and campletely filled in the burial-transit permit. Then please remaverations papers. burial, cremation, ar remaval, and in any event, within 72 ha	1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	A solo Harut Dango O INTERVAL BETWEEN ONSET AND DEATH
y t me	IMMEDIATE CAUSE (o)	ellool Hear Secle July
4 tr 0	4200 DUE TO	
ial	Canditians, if any, which gave) (b)	
Sign Point	rise to immediate cause (o),	
	stating the underlying couse	
certificate has been the far use as the lot. af Health priar ta l	last. (c)	
S as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
crate hor use Health	20g. ACCIDENT WAS UNDERLYING 20g. CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	YES \(\tag{NO}\) NO
ar lea	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	b. Lines holde of hipry in rule for roll it of hell to.)
t. c	THE FILLER NUMBER OF THE PARTIES OF	
is tac)ep		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
de de	Haur a.m. p.m. 19 While Not While at work	octory, street, office bldg., etc.)
After this I be deta State De	di work and di work and	/ = 7 × 10/07 + 70/1 10/0 /41-4/0 /) 1
d A	21. I certify that (I) (this haspital) attended the deceased-fram	2 / 190/, ta 1 - 4 , 190/that(I) (we) last
DIRECTOR: ge 3 shaul iled with th		hat death accurred at 6115 M, fram causes and an the date stated above.
₽	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
d-3.78	(2 9 COO)	M.D. PHYS. DIRECTOR PHYS. 3- 1-0
- 6 6 e	22c. PHYSICIAN'S	22d. ADDRESS
P. P.	NAME (Type)	
TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health	23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY C	TOTAL LOCATION (C)
5 5 5 V	OPEMOVAL (Specify)	
0.000	10021AL 31161	SIDE BEELIN WAR REDNO
1 7	24. FUNERAL DIRECTOR ADDRESS 1-	250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Anna N. Bubase Gule	MAR I 0 1967 Charles Judge
		Unit.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF 385

CERTIFICATE OF DEATH U4387

	a. COUNTY		a. STATE	CE (Where deceased lived, If	DUNTY , , ,	
	b. CITY OR TOWN (if outside corporate limits, c. Li	MARYLAND	MAI	SYLANU		mico
	write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limits,	write RURAL and g	(Ive nearest town)
	SALISBURY !	mos,	SALI	SBURY	23	2-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita	l, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	WICOMICO NURSING HOM	E	1014	SMITH ST	·	ON A FARM?
3.		Middle	Last	14. DATE MG	onth Da	
0.	DECEASED	WSIEN ()'/	Last	OF O		
5.	CITATION CICATIONA	film	DATE OF BIRTH	DEATH MA-	~ 0/ 0/	196
٥.	6. COLOR OR RACE 7. MARRIED N	EVER MARKIED X	B. DATE OF BIRTH	9. ACE (In yea	rs IF UNDER 1 YEA	
	P WIDOWED	DIVORCED	17/1/189	16 70 yrs		
10a. duri	USUAL OCCUPATION (Cive kind of work done 10b. KIND 0 ng. most of working life, even if retired) INDUST	BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign cour	ntry) 12. CITIZET	
	PRACTICALNURSE RET.	NURSE	NEW YO	ORK STATE	(1.	SA
13.	FATHER'S NAME	770132-	14. MOTHER'S MAII	DEN NAME		
	ALEVANDER (YIL MO	PE	ESTH	ER BU	NETE	101
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIA	L SECURITYNO. 17.	INFORMANT	Add	iress	12
(Yes	, no, or upkown) (If yes give war or dates of service)	7) T	C 1	- SEED	7_
	No	1/	AVIV J.	GILMORE		
	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]		~		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ard 10 -	- PUI MO	nar, ta	11216	740 OVI
	334X DUE TO		1	1		0
	Cenditions, If any, which	2710e ()	eroció"	with cereb	TEU INDIM	J 194R.
	gave rise to Immediate	0/45-/	0, 45,10	-0 // 00 0 0	777.007.00	1
	cause (a), stating the DUE TO underlying cause last.					And the second leading to the second lead to the se
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELA	TED TO THE TEDMINAL	DISCORDE CONDITION CIVEN	IN PART 1(a) 119	. WAS AUTOPSY
CERTIFICATION	THE STATE OF THE S	TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION CIVEN	IN PART 1(a)	PERFORMED?
음	HIP Tracius	2	10/6/	66		res No
R.	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCR	IBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I or Part I	I of item 18.)	0
2	DR CONTRIBUTING PCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	d to (1)	me ST	Dring Will	NUTTIA	share.
SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLAC	E OF INJURY (Home,	arm, 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m. Och 1019 66 at work	ot While Spra	y, street, office bidg., e	S/1/1/2	IN . (1)	2. Md
Σ.			7	1 201151	119 00	2 9 700-0
	21. I certify that (I) (this hospital) attended the			965, to MAT 3		that (I) (we) last
	saw the deceased alive on MAR 3/	_19 6 , and that	death occurred at	35 PM, from the caus		
1	22a. SIGNATURE	. 6/-	ATTENDING	MED STAFF _	22b. DATE S	I G T
1	M. W. Word	M.D.	. PHYS.	DIRECTOR PHYS.	110/0	1/01
	22c. PHYSICIAN'S NAME (Type)	A JINE/	22d. ADDRESS	DADIC	CT CA	I KRIRVM.
	121.13. 31674	ANINES	1///	10 4 0 13	21/24	איןן וויעעכים
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county)	(State)
1	OURIAL 4/4/1967 (A.R. CE	RETERY	SUMMIT	HILL.	FENN.
24.	FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY RECISTRAR 25b.	REGISTRAR'S SIG	NATURE
1	Hanklingto Mille	to habar	4 DAAPR	4 1967 8	Charles &	udge
-	the min or sond.	our or	I DANG I	4 10011		9

VR AI5 (4) 20M 1/65

SILE CALLED THE MARKET But you the water the A STATE GOV CE TERK SWOWE HALL . PER SECRETARY AND ASSESSED APRIL 1887 - TO SECRETARY Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

04338

	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE b. COUNTY	
	MADVI AND	Maryland WICOMICO	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b		e neorest town)
		Delmar	22,1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Peninsula General Hospital	Route No. 3	YES NO
3.	NAME OF First Middle DECEASED	Lost 4. DATE Month OF	Doy Year
	(Type or print) HLEXANDEK EDWARD	OGKEEN DEATH MARCH	18 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lost pirthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
1	MALE Cauc. WIDOWED DIVORCED	JI Deput. It, Italy 10 yrs.	
10c	b. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY	D . A (0	TIZEN OF WHAT UNTRY?
	ring most of working life, even if retired) Contractor INDUSTRY Building		U.S.A.
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Alexandria Edward Green	Sper1	ing
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	17. INFORMANT Address Address Owen J. Ricker 6529	N. 29th St
	579-03-2519	-A Mrs. Owen J. Ricker 6529 Arlington.	Va. 29th St
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ary Ochusen	UNSET AND DEATH
	125 X DUE TO	01	
	Conditions, if any, which gove rise to immediate couse (a),	ism	3 day
	stoting the underlying couse DUE TO		0
	lost. (c) Elseksels		2730
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. ONAS AUTOPSY PERFORMED?
ATIO			YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)	
	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL			unty) (Stote)
WE	Hour o.m. p.m. 19 While of work of work	foctory, street, office bldg., etc.)	
	21. I certify that (1)/(this haspital) attended the deceased from	m 3/16, 1966, to 3/18, 19/	Z, that (B) (we) last
	saw the deceased alive an 3/18 1967, and	that death accurred at fo A.M., fram causes and an tl	he date stated abave.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. D	ATE SIGNED
	Al 2015 South	M.D. PHYS. DIRECTOR PHYS.	118/67
	22c. PHYSICIAN'S NAME (Type) 77777 D Common to be	22d. ADDRESS	
	NAME (Type) Wm. B. Smith	Salisbury, Maryland	
23	D. BURIAL CREMATION 2 23b. DATE THEREOF 23c. NAME OF CEMETERY		(County) (Stote)
		Memorial Pk. Falls Church,	Virginia
2	4. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
12	Prington Funeral Homer 3900 ton.	Fritzfax MAR 2 2 1967 Schools	yusge.

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Trineral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and it ary event, within 72 haurs after death.

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			CONTRACTOR AND A SECOND	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04387 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)

-	o. COUNTY WICOMICO	MARY	LAND	O. STATE	TAND	b. COUNTY	MOOME	CO
_	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		its write PIIPAL	WICOMI	W W
	write RURAL and give neorest town) SALISBURY		10	· ·		is, wille KUKAL	ond give neorest	10 Will)
_		l day		ocear	n City		0<-	2.1
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospital, give street oddress)		d. STREET ADDRESS			e	on a farm?
	PENINSULA GEN. HOSPIT.	AL		PACIFIC	AVE.			YES NO T
	NAME OF First	Middle		Lost	4. DATE	Month	Doy	Year
	DECEASED (Type or print) EDWARD	RUSSELL		GREEN	OF DEATH	MARC	H 21	1967
5.	SEX 6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED		DATE OF BIRTH			UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE WHITE W	IDOWED DIVORCED		SEPT. 29. 3	ost lost	",	onths Doys	Hours Min.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign o	ountry)	12. CITIZEN OF	WHAT
duri	ing most of working life, even if retired) RETIRED	INDUSTRY		MARYTANT	A TOTAL	E	COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		154	0.5	-
	TOTAL COPENI		312	> 1773 T	777 7776	750		
21	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 1	NELI NEORMANI	JE BROC	Address		
	es, no, or unknown) (If yes give wor or dotes of serv		17.	at oaman		Address		
_	NO		EF	GREEN JE	OCEAN	CITY	AMRYLAN	
	1B. CAUSE OF DEATH (Enter only one cause pe PART I, DEATH WAS CAUSED BY:	er line for (a), (b), and (c).)	1	0 . 1		N. P.		RVAL BETWEEN ET AND DEATH
	IMMEDIATE CAUSE (o) _	Kuptured	Abo	COMINN AM	reur ysm		- 6	7153.
	451X DUE TO	2/1/						
	Conditions, if ony, which gove) (b)	Haterios cla	1000	i e e				
	rise to immediate couse (o), Stating the underlying couse							
	last. (c)						. http://doi.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IRLITING TO DEATH RUT NOT PEL	ATED TO I	HE TERMINAL DISEASE COM	IDITION GIVEN IN E	PART 1(a)	19	WAS AUTOPSY
S O	THE STATE STATE OF THE STATE OF	DOTAG TO DESTAIN DOT THE REE		THE TERMINAL DISEASE CO.	Dirion on in i	(0)		PERFORMED?
5	OO ACCIDENT WAS INVESTIGATED TO	Look precedent many many or	CURRED	F	D . I D . II (YE	S NO
CEK	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURKED.	Enter noture of injury in	Port I or Port II of	item 18.)		
3	2Dc. TIME OF INJURY Month, Doy, Yeor	2Dd. INJURY OCCURRED	2De. PLAC	E OF INJURY (Home, form	, 2Df. (City	or town)	(County)	(Stote)

Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at M, from causes and an the date stated above. saw the deceased alive an

20. SIGNATURE	1 Jarney	M.D. PHYS.	16 X	MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGNED
PHYSICIAN'S		22d. A	DDRESS			4-11-	
MAME (Puna)	A MARKATTA AL ALLES						

	NAME (Type)	EDWARD K. CARN	EX	MEDICAL	CENTER,	SALISBURY	, MARY	LAND
23o.	BURIAL, CREMATION, REMOVAL (SPECIT)	23b. DATE THEREOF 3/26/1967	23c. NAME OF CEMETERY OR CREM PARSONS CEMETE		23d. LOCATION SALIS	(City or Town) BURY AMRY	(County)	(Stote)

3/20/1967 PARSONS CEMETERY

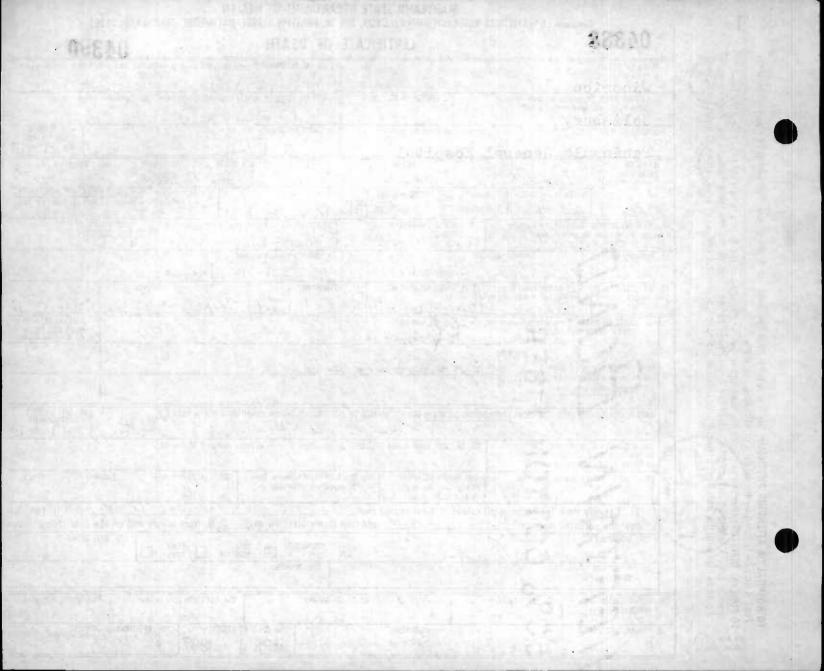
25a. REC'D BY REGISTRAR DATE N 2 9 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and car director, page 3 shauld be detached for use as the burial-transit permit. Then please remary director, page 3 shauld be detached for use as the burial-transit permit. Then preuse terms shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

on papers. Pages within 72 haurs after filled in by

carbon ent wit camplete

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAFE		U4389 MEDICAL E	XAMINER'S CERTIFICA	TE OF DEATH	04391
FEALTH OF THE STATE OF THE STAT		COUNTY Wicomico	ATATE OF STATE	DENCE (Where deceosed lived, if institution: Riserval and b. COUNTY V	esidence before admission) Vicomico
nd nd me		CITY OR TOWN (If autside carporote limits, c. LENGTH write RURAL and give nearest town) Salisbury		IN (If outside corporate limits, write RURAL or Salisbury	ad give neorest town)
an 1, 2, m 1		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a			e. IS RESIDENCE ON A FARM?
oth. If dry o'ages 1, 2, a th farm PM State Depart		DOA Peninsula General Hosp		23 Ridge Road	YES NO
Give Pages The with far The State		PECEASED (spe or print) STANLEY L.	Middle Lost HALL		Day Year 29, 1967 19
0 80 to 18	S.	Male W WIDOWED X	ER MARRIED B. DATE OF BIRTH DIVORCED 12-26-1	888 lost hirthday) Mor	
executed within 24 hours nding" in pencil in Item 1 Medical Examiner's Office permit. File pages 1 and 2 within 72 hours ofter deals	duri	JSUAL OCCUPATION (Give kind of work done g most a) working life, even y retired) BINDUSTRY, BUSINE	Man Un	ania	12. CITIZEN OF WHAT COUNTRY?
within 24 pencil in caminer's le pages hours ofte	13.	Frank Hall	14. MOTHER'S N	Valor Smith	
executed within nating" in pencil Medical Examine permit. File page within 72 hours o	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECULATION OF LOCAL SECULATION OF	2. 0	inita andutor 5	623 Ridge Rood
(I) +		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronar			INTERVAL BETWEEN ONSET AND DEATH Sudden
shoul wor the uriol- any		rise to immediate cause (a)	sclerotic heart o	disease	years
0 + +		stating the underlying cause DUE TO (c)			
po po	ATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BI	JT NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART 1(α)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	/ INJURY OCCURRED. (Enter nature of in	njury in Part I or Port II of item 1B.)	
AL EXAMINER: xecute the cert r. Poge 4 shoul for your files. OR: Poge 3 shot rial, cremotion, or	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 2Dd. INJURY OCCU While Not V at work at w	While foctory, street, office bl		(County) (State)
L EX ecut Pog Pog or y R: Po		21. I certify that I taak charge af the remains des	cribed above, held an Autapsy	/ , Inspection X, Inquiry	X , and in my apinian
00000		death resulted fram. Natural causes 🗶, Acci		imicide, Undetermined manne	r 🗌
plea: I direction retail L DIR		ACTUAL SIGNATURE	M.D. ASSISTA	MEDICAL EXAMINER ANT MEDICAL EXAMINER	22. DATE SIGNED
cessary, pe funeral may be ru FUNERAL		Examiners Earl L. Royer, M.D. NAME (Type) 1,09 Camden Ave. Salis		Y MEDICAL EXAMINER Signal Marc	ch 30, 1967
TO DEPUTY necessary, if the funeral S may be roof FUNERAL Health prior	230	407 Jenitich myo., Dalis	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	1	FUNERAL DIRECTOR	JOLOWO DDRESS 25	SO, PECA BY REGISTRAR 255 MRG/SJR	AR'S FIGNA ORE
VR A15ME (5) 6M 1/67	L	Illiston Funeral Home, Accomac	, Virginia D/	APR 4 1967	000

10210 Secretary of Take 193 menet il said the backet and the second s The space of the total orders and the THE TOT AND

with the State Department of within 72 hours ofter death.

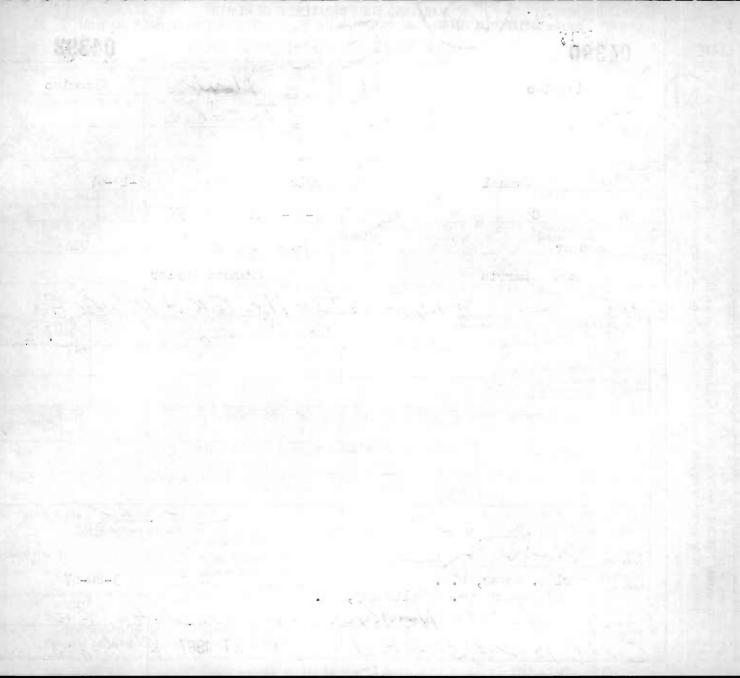
Health or its designated agent, prior to burial, cremation, or removal, and in any event

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

043	90	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	U439Z
1. PLACE OF DEAT	H H				rution: Residence before odmission)
o. COUNTY	Wicomico	MARYLAND	o. STATE	1 2 Fr 6. 60	Wicomico
	N (If outside corporate limits, and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II o	utside corporate limits, write R	RURAL ond give neorest town)
WIND NAL	and give nevies lowing	2 445	/ / /	マケイカ	221
d. NAME OF HOS	PITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRES		e. IS RESIDENCE ON A FARM?
					YES NO
3. NAME OF DECEASED	First	Middle	Last	OF	onth Doy Year
(Type or print)	Samuel		Harris	DEATH	3-19-67
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.
M		NIDOWED DIVORCED	3-25-1911	55 Yrs.	12. CITIZEN OF WHAT
during most of work	ION (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or toreign country)	COUNTRY?
13. FATHER'S NAME	oorer		14. MOTHER'S MAIDEN	NAME	USA
13. TATHER 3 HAMI	Esaw Harris			ances Taylor	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. — 17.	INFORMANT		dress
(Yes, no, or unknow	n) (If yes give war or dotes of se		T1-1 M-	PKAL	Party Por
I 18 CALISE OF	DEATH (Enter only one couse p	per line for (a) (b) and (c))	44/196	3 Giraci	I WITERVAL BETWEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Commen	Orella	som!	DISET OF DEATH
420	DUE TO				
	ny, which gove) (b)				
	derlying couse DUE TO				
lost.) (c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CALISE OF DEAT	CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF I	NJURY Month, Day, Yeor o.m.		ACE OF INJURY (Hame, far ctory, street, office bldg., etc		(County) (State)
21. l cer	tify that I look charge a	f the remains described above, h	eld an Autapsy 🗍,	Inspection In	quiry and in my apinian
death res	ulted from: Natural c	auses Accident , Sui	cide, Hamicide	Undetermined	manner
ACTUAL	1		CHIEF MEDICA	L EXAMINER	
ACTUAL SIGNATURE	comb	me	W.D.	DICAL EXAMINER .	22. DATE SIGNED
EXAMINER'S NAME (Type)	Earl L. Royer		Address (Stree	CAL EXAMINER (3-20-67
230. BURIAL, CREMA		23c. NAME OF CEMETER OF	CREMATORY	22d. LOCATION (City or	Town) (County) (Stote)
グレンゴ	3/13/	161 Newex	y Cem.	LIncalny	on, 6 d.
24. FUNERAL DIRE	CTOR NO.	1 Day The M		D. C. C.	REGISTRAR'S SIGNATURE
1/1	11/2000	P. U) 1 1 0 1 1 1	A MAR	27 1967 /	- Lank and

VR A15ME (5) 6M 1/66



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) (2) M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04391			CERTIF	ICATE	OF DEATH			043	93		
	CE OF DEATH DUNTY	Wicomico		MARY	YLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Where deceosed	d lived, if institut b. COU		rche		
V V		f outside corporate limit give neorest town)	ts,	397 days		c. CITY OR TOWN (If ou	otside corporote bridge	limits, write RU	RAL ond give	neorest	town)	
d. N		IL OR INSTITUTION (If no start of start		•		d. street address 808 Ph	illips	Street			IS RESID ON A FA	DENCE ARM? NO 🔀
	ME OF EASED e or print)	Hat	irst tie	Middle Bishop		lost Hughes	4. DATE OF DEATH	Mon Marc		Doy 19	Yeo	67
S. SEX	male	6. COLOR OR RACE Colored	7. MARRIED WIDOWED			DATE OF BIRTH		AGE (In years last birthdoy) 66 yrs.	Months Months	Doys	Hours	Min.
during n	JAL OCCUPATION Labore THER'S NAME	(Give kind of work done ife, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County Dorcheste 14. MOTHER'S MAIDEN	er Co.		12. CIT COI	TIZEN OF V UNTRY? USA		
1S. WA	S DECEASED EVER	John Wate R IN U.S. ARMED FORCES? (If yes give wor or dotes	16.	SOCIAL SECURITY NO.		Bertha ORMANI 11ie Johns		lls Addr Cambr		Md.		
Cor	PART I. DEATH	which gove e couse (o),	(o)	r (o), (b), ond (c).) Iremia Chronic pye Diabetes me						ONSE Y Y	ears	eath nths
CATION	Ane	emia		TO DEATH BUT NOT REL	1-46					19. V P YES	WAS AUTO PERFORM	NO X
		UNDERLYING LI CAUSE OF DEATH MEDICAL EXAMINER)		ESCRIBE HOW INJURY O								
WEDICAL 200	Hour o.m p.m	1. 19	While of wo	rk 🔲 at work	foctory	OF INJURY (Home, form , street, office bldg., etc.))	(City or town)		unty)		(Stote)
	21. I certif saw the de 20. SIGNATURE 2c. PHYSICIAN'S NAME (Type)	eceased alive an_	spital) atter March	nded the deceased 19 19 67 ,	fram and that (M.D.	ATTENDING PHYS. 22d. ADDRESS Deer's H	MED. DIRECTOR [STAFF PHYS.	22b. DA	he date ATE SIGNEI 20/6	stated D 7	d abav
RE	URIAL, CREMATIO MOVAL (Specify) Burial	3/23			ETERY OR CR	ematory Neck	23d. LOC	ATION (City or To	wn)	(County)	id.	itote)
24. FU	INERAL DIRECTOR	6 Cale	Cais.	ADDRESS Cambridge	e. Md.	250 REG	2 REGISTRA	67 7	BISTRAR'S SI	Jus	ye	

EEELU		District Control	
		4	
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	il and deposit and	and it is fig. the sue are light the two each	1,360
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	in the same		
Y Y		SERVER SERVER	The same and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.4394

OZ 20 M	IL OI DEATH	001
1. PLACE OR DEATE	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
a. COUNTY Wicomico MARYLAND	a. STATE B. COUNTY Wice	omico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		and give nearest town)
		22-1
Delmar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	Delmar d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
R.D. #3	R.D. #3	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ARCHIE DURAND		1967
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	Days Hours Min.
Male White WIDOWED DIVORCED	Dec. 9. 1889 77 yrs. 2	22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Retired - Farmer Farming		SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Humphreys	Bertha Twilley	
	7. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Mr. Lee Edwin Humphreys (Son)	
	R.D.#3, Delmar, Maryland	I INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	0	ONSET AND DEATH
IMMEDIATE CAUSE (a) Crefo	orizelevis	Iweek
332X DUE TO		
Conditions, If any, which (b) Conditions Garden Conditions Conditions	nioselerosos	koknown
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
(ICA)		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	CCURRED. (Enter nature of injury in Part I or Part II of Item 18	.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A		
		unty) (State)
While Not while	actory, street, office bldg., etc.)	
	1. 10 10 50 1 10-17 10	that /I) /wa\ last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MAR 9 19 47 and	that death occurred at 2 P M, from the causes and on the	, that (I) (we) last
saw the deceased alive on 177K 9 19 27, and 22a, SIGNATURE	that death occurred at A M, from the causes and on t	ATE SIGNED
22d, SIGNATURE	ATTENDING - MED - STAFF -	11
22c, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. Me	rch // /1967
NAME (Type) Dr. Ernest M. Larmore	Grove Street, Delmar, Dela	NIII O MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEN		(
Burial March 13, 1967 Wicomico M	emorial Park Salisbury, Mary	'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYL	MAK I / 1007 III///	Quest
AT DULLINAY & COMPANY SALISHIDY MADVI	AND DATE	N. A. D. C.

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- setronim 120100 Marie Carlotte Carlot 7. 130 0(14) crys - ramer remains that the control of the last the eyern rumine reprodu the state of the s in the contract of the same of A STATE OF THE STA MONEY BOLD OF THE THE PARTY OF THE PROPERTY OF THE PARTY Dr. Brigotte, Dallar, Dollar, Dollar, Dollar, posty. - . Contract to the land of the contract to the contrac

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04393 CERTIFICATE OF DEATH and 2 depth. within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY ely filled in by the function ban papers. Pages 1 c, within 72 haurs after d Wicomico Maryland Dorchester MARYLAND b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) East New Market Salisbury 30 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 91 Deer's Head State Hospital Thompsontown YES NO X pgu 3. NAME OF First Middle Lost 4 DATE Day DECEASED Pau! Jenkins (Type or print) DEATH March The law requires that the death certificate be executed n any event, COL 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED 6-20-1892 Male Colored 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) and in during most of working life, even if retired)
Day Laborer INDUSTRY Factory CONNIEA S attending physician sermit. Then please Dorchester County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Annie Stanley Robert Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes po, or unknown) ((If yes give wor or dotes of service) 202-01-5809 Mrs. Grace H. Jenkins. East New Market, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p 30 MINS Acute Myocardial failure IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove vears? Aneursym - thoracic aorta rise to immediate couse (o), DUF TO stoting the underlying couse be detached far use as the State Dept. af Health prior ta Hypertensive arteriosclerotic cardiovascular lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Broncho pneumonia and chronic emphysema NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram Feb. 8, 1967, ta Mar. 10, 1967, that (I) (we) last director, page 3 shauld shauld be filed with the saw the deceased glive on March 10 1967, and that death accurred at 8:35 M. from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. 8 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles H. Winnacott, M.D. Deer's Head State Hospital. Salisbury 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Near East New Market, Md. March 14,1967 Thompsontown Cemetery Burial 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md.

20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1/306

-	04034		- O. D	
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before edmission)
100	e. COUNTY		o. STATE 6 b. COUNTY	
-	VICOM/CO	MARYLAND	13ty 3nd WI	COMILO
	b. CITY OR TOWN (if outside corporere limits, write RURAL end give neerest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive neerest town)
	Jesterville. L	To time	Ja-les ville	21-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS	. IS RESIDENCE
0				ON A FARM?
		i		YES NO
3.	NAME OF DECEASED	Middle	Last 4. DATE Month OF	Dey Yeer
	(Type or print)	9227	DEATH - X	1967
5.	SEX 6. COLOR OR RACE 7 MARRIED I	イカカス	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI	
1	/ / MARKIED	JINEVER MARKED L	Jast birthdey) Months Da	
	F / E940 WIDOWED)	DIVORCED [11.3/1900 66 yrs.	
104	B. USUAL OCCUPATION (Give find of work need during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
-		- Home	11/10 marca MJ. R.	a. a.) er
13.	FATHER'S NAME	10000	14. MOTHER'S MAIDEN NAME	WEXICA.
	11-		7	2]
	MEZE CEMMBY		Jennie H. Lankt	byo
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	CIAL SECURITY NO. 17. IN	VFORMANT Address	111
1,,,	7/1	-14-11647-6	Izylaz Jonez Ta-tovull	= NH
	18. CAUSE OF DEATH [Enter only one cause per line	idente (b), (b), bhar (c)	06162 01.102 181 111	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	WAR WILL	n la so	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	and court	100 KG	IWFI
	4201 DUE TO	That I		
	Conditions, if eny, which (b)			
	geve rise to immediate cause			
	(e), steting the underlying DUE TO			
-	cause lest. (c)			
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
AT				YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCR	BE HOW INJURY OCCURRED.	. (Enter neture of injury in Part I or Part II of item 18.)	
CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	1	LIBY OCCUPAND LOS STACE	TE OF INITIARY (Home from 1 20) (City of 1)	454-4-1
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJ		E OF INJURY (Home, ferm, 2Df. (City or town) (Countyry, street, office bldg., etc.)	(Stete)
WE	p.m. 19 et work	at work	10 10 011 1	7
	21. Lertify that (I) (this hospital) attende	d the deceased from	7/4 196/ to 3/6 100	, that (I) (we) last
	(-1)	/ ~	4- /)	
	saw the deceased alive on	7.19.0.1., and that d	death occurred at	
	V22e. SIGNATURE		ATTENDING MED. STAFF	22b DATE SIGNED
	Y GULLY HEILENS) / M.D	NAME OF TAXABLE PARTY O	3/10/67
	22c. PHYSICIAN'S NAME (Type)	1/\	22d_ADDVESS	/ /
	LZI Dez	x05/0/	10 5/12 PORX) Mg.	
23	BURIAL, CREMATION, 23b. DATE THEREOF 12	3c. NAME OF CEMETERY OF	R CREMATORY 23d, LOCATION (City, town or county)	\ (Stata)
1	REMOVAL (Specify)	To - Lary 11	(a) Tank 111	MIL
	1341x1 3/1/8/	GZ LS LOLLIS	cem. Nespexulle,	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / 1	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIC	INATURE,
	(Who Baselo	DIVAVE,	MARY 1 4 1901	0
-	1000			

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04395	CERTIFICATE	OF DEATH		04397		
1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	o. STATE Maryl		comico		
b. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	tside carparate limits, write RURAL and	give nearest town)		
write RURAL and give nearest town) Salisbury	The second second	(Rural)	Quantico	22-1		
d. NAME OF HOSPITAL OR INSTITUTION (If nat in I	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Peninsula Genera	l Hospital	Cherry	Walk Road	YES X NO		
3. NAME OF First	Middle	Last	4. DATE Manth	Day Year		
(Type or print) EDNA	TAULOR	KOLLE	OF MARCH	31 1967		
		8. DATE OF BIRTH	9 AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.		
FEMALE WHITE W	VIDOWED X DIVORCED	February 15,	last birthday) Mantl	hs Days Haurs Min.		
1Do. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY		Stote, or foreign country) 12	COUNTRY? USA		
House work 13. FATHER'S NAME		1 14. MOTHER'S MAIDEN N		ODA		
Edward Taylor		Phoebe G:	ilhert			
IS WAS DECEASED EVER IN U.S. ARMED EORCES?	16. SOCIAL SECURITY NO. 17, 1					
(Yes, na, ar unknawn) (If yes give war or dates af serv	208-12-5263	Mrs. Joseph Habron, Mar	G. Scott (Daugh:	ter)		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		car chove	s culus desiae	ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO		
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. N/A	(Enter nature of injury in F	Part I ar Part II af item 18.)			
2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, farm, tary, street, office bldg., etc.)		(Caunty) (State)		
21. I certify that (I) (this hospita	d) attended the deceased from_	3/24 ,1	967, ta 3/31/67,	19, that (1) (we) las		
saw the deceased olive an 3/30 1967, and that death accurred at 5:15th M, from causes and on the date stated abave.						
	220. SIGNATURE STAFF MED. STAFF 3/31/67					
22c. PHYSICIAN'S NAME (Type) Dr. George H	I. Henning	22d. ADDRESS Salish	oury, Maryland	/ /		
23a. BURIAL, CREMATION, REMOVAL (Specify) April 3.1			23d. LOCATION (City or Town) Drexel Hill, I	(Caunty) (State)		
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, S.	ADDRESS	2Sa. REC'D	BY REGISTRAR 25b, REGISTRAF	R'SaSIGNATURE		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remays carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs offer each Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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	date in a case of	La La Jaco		nes ofvarious.
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	estate attended to	ALSO LANGE		
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DAROR

)		04396 CERTIF	ICATE (OF DEATH		04398
	(PLACE OF DEATH D. COUNTY Wicomico MAR D. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY	YLAND	O. STATE MARY	nere deceosed lived, if institution b. COUN b. COUN ide corporate limits, write RUR.	Wicomico
		write RURAL and give nearest town) Salisbury NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		SALIS BU		e is residence on a farm?
		Peninsula General Hospital		709 BEA.	uchamp.	YES NO
		NAME OF First Middle SECENSED Type or point) MILES STANLEY		evey	4. DATE Month OF DEATH MAR	Ooy Year H 12 19 2 IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	TALE WHITE WIDOWED DIVORCE	0 1	-3-87	lost birthdoy) 80 yrs.	Months Days Hours Min.
	duri	USUAL OCCUPATION (Give kind of work done go most of working life, even if retired) Alesman 10b. KIND OF BUSINESS OR INDUSTRY Magazines		Pennsylvan		12. CITIZEN OF WHAT COUNTRY?
	(FATHER'S NAME Unk.)		(Unk.)	ME	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) No 216-05-9345	Mr. Sen	RMANT Ralph B. Mord. Virg	McIntyre, Sr.	(Friend)
		rise to immediate couse (o), stating the underlying couse lost.	e ff	Benny	Discon	INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 200. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH				19. WAS AUTOPSY PERFORMED? YES NO D
	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While otwork, otwork		OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		San Inc deceased and on		eath accurred at_		that (1) (we) last and an the date stated abave.
		220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type)	M.O.	PHYS. LD C	AEO. STAFF DIRECTOR PHYS.	22b. DATE SIGNED March /2/1967
		BURIAL, CREMATION, REMOVAL (Specify) Burial March 15,1967 Wicomico		MATORY ial Park	23d. LOCATION (City or Town	Maryland
	24	FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MAR		MAR REGO	4 1967 Pella	SISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please femave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in almostery, within 72 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
a. COUNTY	a STATE b COUNTY
b. CITY OR TOWN (If outside carporate limits, write RIVAL ond give nearest tawn) Salisbury d. NAME OF HOSPITAL OR TINSTITUTION (If nat in haspital, give street address) Peninsula General Hospital 3. NAME OF First Middle DECEASED (Type or print) DAVID JOSEPH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Male White RIVAL MARRIED DIVORCED DIV	Maryland Wicomico
b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	C. CITY OK TOWN (If outside corporate limits, write RUKAL and give nearest fown)
Salisbury d. NAME OF HOSPITAL OR YNSTITUTION (If not in haspital, give street address)	Salisbury 22:/
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. Street address e. Is residence on a farm?
Peninsula General Hospital	1024 Pierce Avenue
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) DAVID JOSEPH	Logan DEATH Monch 25 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	October 26,1937 last birthday) Months Doys Haurs Min.
10a, USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT
during mast af working life, even if retired) INDUSTRY	New York USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David John Logan	
	Ethel Kathleen St. John INFORMANT Address
(Yes, na, ar unknown) (If yes give war ar dates af service)	Mr. David J. Logan (Father)
100	1024 Pierce Ave., Salisbury, Maryland
18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	A INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) France / On	oughe deckema. Justeps
DUE TO	
Conditians, if ony, which gove rise to immediate couse (a),	
stating the underlying cause Due 10	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
3 July 2	YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING HEDICAL SEPAMBIRED NAMED NAM). (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Home, farm, 2Df. (City or town) (Caunty) (State)
Hour a.m. p.m. 19 While Not While of twork at wark	octory, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram_	3/15/, 196/, ta 3/25/, 1967, that (I) (we) la
saw the deceased alive an 3/25/1967, and the	at death accurred at 1.40 am, fram causes and an the date stated above
22a. SIGNATURE	22b. DATE SIGNED
1 to	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI March 25/196
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. O. J. Burton	Salisbury, Maryland
23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	
REMOVAL (Specify) Burial March 28,1967 Wicomico Mer	17 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24. FUNERAL DIRECTOR ADDRESS	morial Park Sallsbury, Maryland 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLA	10 AM (1/1/10 M (5)

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		Division of STATIST	ICAL RESE	MARYLAND STATE DE ARCH AND RECORDS, 30			ARYLAND 2120	1
Š,	04398	Item	1 #8 Fi	CERTIFICATI	OF DEATH		04400	
	PLACE OF DEATH o. COUNTY Wicomi	00		MARYLAND	2. USUAL RESIDENCE (0. STATULA	Where deceosed lived, if in b	nstitution: Residence	before odmission)
	b. CITY OR TOWN (f outside corporate limits I give neorest town)	7	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, wri	ite RURAL and give r	nearest town)
	d. NAME OF HOSPIT	al or institution (if no		give street oddress)	d. STREET ADDRESS 204	aylor &	Gn	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Clara	st	Middle	alone			Doy Year 3 1 19 67
F 100	SEX emale, . USUAL OCCUPATION	6. COLOR OR RACE		NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 18 JULY 2.	9. AGE (In ye last birthd	loy) Months [yrs.]	Doys Hours Min. EN OF WHAT
dur	FATHER'S NAME	life, even if retired)	II.	IDUSTRY	14. MOTHER'S MANDEN	NAME /	COUN	ITRY?
15. (Ye	WAS DECEASED EVE ps, no, or unknown)	R IN U.S. ARMED FORCES? ((If yes give wor or dotes o		SOCIAL SECURITY NO. 17.	MEDRMANT /	malme	Address 2604	Hendord
		ATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gove)	(0) ac	(o), (b), and (c).)	dial in	faration ticalin	inch di	INTERVAL BETWEEN ONSET AND DEATH
	rise to immediat stating the unde last.		TO (c)					
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	300	ESCRIBE HOW INJURY OCCURRED.				
MEDICA	Hour o.r p.r	n. 19	While of wor	Not While for	ACE OF INJURY (Home, for tory, street, office bldg., etc)		
	saw the d	fy that (I) (this has eceased alive an_	pital) atten	ded the deceased fram_ 30_1962, and the	t death accurred a	19 <u>66</u> , ta <u>Mac</u> 1 <u>9:15P</u> M, fram ca	uses and an the	
	22c. PHYSICIAN'S		po 1	2	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	D 00-	1567 1567
230	NAME (Type D. BURIAL, CREMATIO JEMOVAL (Specify	ON, 23b. DATE TH	REOF	23c. NAME OF CEMETERY OR	CREMATORY NEW	23d. COATION OF	o Town of Co	ounty) (Stote)

REC'D BY REGISTRAR

196

2So.

DAPR

REGISTRAR'S SIGNATURE

Judge

2Sb.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove capban papers. Pages—and should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04399

CERTIFICATE OF DEATH

04401

- 1					
		PLACE OF DEATH O. COUNTY Wicomico		2. USUAL RESIDENCE (Where deceased lived, if inst a. STATE b. C	OLINTY
		b. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If autside corporate limits, write	Wicomico
	S	write RURAL and give nearest town)	55 Days	Salisbury	23-/
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	e. IS RESIDENCE
1	D	eer's Head State Hospi	tal, Salisbury, Md.	411 Elizabeth St.	ON A FARM? YES NO 🔼
	[NAME OF First DECEASED (Type ar print) Monroe	Joseph Franklin	atthews DEATH	Manth Day Year 3 13 1967
	S. S		ARRIED 🔀 NEVER MARRIED 🗍	R DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	16.7		March 18, 1888 78 yrs	(2)
	10a. durii Re	. USUAL OCCUPATION (Give kind of wark dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Builder	11. BIRTHPLACE (Caunty & State, ar fareign cauntry) Wicomico County, Md.	12. CITIZEN OF WHAT COUNTRY? USA
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	J	Jackson J. Matthews		Sally M. Parsons	
	1S. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war ar dates af service No	(e) 16. SOCIAL SECURITY NO. 17 214-18-4547	NFORMANI Mr. Franklin W. Matthews 11 Elizabeth St Salis	ddress (Son)
		1B. CAUSE OF DEATH (Enter anly ane cause per			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ar accident with hemiple	onset and death
		4221 DUE TO			E. 2 10111113
		Canditians, if ony, which gave) (b)	Arteriosclerotic	cardiovascular disease	Years
		rise to immediate cause (a),			
		lost. Stating the underlying cause Co			
			SITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2	N 1	Coma since 1/3/67			PERFORMED? YES NO
,	F.		205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Part I ar Part II af item 1B.	
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A	(Ellier Holore of Filler) in Fair Fair Fair II at Holl Fib.	
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)) (County) (Stote)
		21. I certify that (I) (this haspital)	ottended the deceased from_	1/17 , 1967 , ta 3/13	, 167, that (I) (we) last
	1	saw the deceased alive on 3/2	13 1967 , and the	at death occurred d7:15P M, from cous	es ond on the date stated abave.
		220. SIGNATURE	bill N	.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 3/11/67
		27- PHYSICIAN'S		22d. ADDRESS	
1		NAME (Type) A. C. Mit	tchell, M. D.	Deer's Head State Hos	pital, Salisbury, Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or	Town) (Caunty) (State)
			1967 Wicomico Memo	orial Park Salisbury	, Maryland
	24	FUNERAL DIRECTOR	ADDRESS	ND MAR 1 6 1967	REGISTRAR'S SIGNATURE
PA 1		HOLLOWAY & COMPANY, S	DALLODURY, WARYLA	WI WINT I I I I I I I I I I I I I I I I I I	- Kunk Doll

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please renewove carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours ofter death Poge 4 may be retained by the hospitol or attending physician.

> VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04402

04400

1. PLACE OF DEATH- g. COUNTY			Where deceosed lived, if institution					
Wicomico	MARYLAND	Maryland	Some	r.se t				
b. CITY OR TDWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RUR	AL ond give neorest town)				
write RURAL and give nearest town) Salisbury	30 Years	Princess	Anne	19-2				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Peninsula General Ho	spital			YES ND				
3. NAME OF First DECEASED (Type or print) Clifford	Middle 17	CNEAL	4. DATE Month OF DEATH March	Doy Year 1967				
1 11	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.				
Female Megao WIDOWED	DIVORCED DIVORCED	3/4/1892	(5 yrs.	12. CITIZEN OF WHAT				
100. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) House wife	ND OF BUSINESS OR DUSTRY LSE WORK	Georgia	& State, or foreign country)	U STA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
Juliah Frances		Anna Dixe	n					
15 WAS DECEASED EVER IN ILS ARMED EDRCES? 16 S	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	SS				
(Yes, no, or unknown) (If yes give wor or dotes of service)	Bi	shep M.T.M	IcNeal, Prince	ess Anne.Md				
1B. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond (c)//	1		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (0)	ebral Thro	mboses	(2)	SANSET AND DEATH				
443X DUE TO 11.	1 6	Cardis V	1 7 7	10 6				
Conditions, if ony, which gove) (b)	persensive	(Cordes V	ascular DIS	ease Unknown				
rise to immediate couse (o), Stoting the underlying couse								
lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?				
Diobeles Helli Vas. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	Uremia	(prone	Glomerulo Siles	YES NO F				
E 20o. ACCIDENT WAS UNDERLYING ☐ 20b. DES	SCRIBE HDW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)					
20c. TIME OF INJURY Month, Day, Yeor 20d. IN		CE OF INJURY (Home, form		(County) (Stote)				
Hour o.m. While p.m. 19 of work	Not While of work	tory, street, office bldg., etc.)	1 /-	2 / 100				
21. I certify that (I) (this hospital) attended the deceased fram 2///, 1967 to 3//3/, 1967, that (I) (we) las								
saw the deceased alive an								
220. SIGNATURE	1-1	ATTENDING (1)	MED. STAFF	22b. DATE SIGNED				
100	M	D. PHYS.	DIRECTOR PHYS.					
22c. PHYSICIAN'S	2	22d. ADDRESS						
NAME (Type)								
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)				
Burial 3/19/67	Isreal Mam		Lettela Ma	nwl and				
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE				
William H James In Pri	nagg Anne I	MA MAR 9	1 1967 /	Marik Danie				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 20 M 1/66

50220 11113 I was and I have I was a value of the 1881 1 Safield - De Jane Levington, Accessing a site

HEALTH DEPT director. Page for your files. y is necessary, TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any by is necessary, please executed extracted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

A15ME

MARYLAND STATE DEPARTMENT OF HEALT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04401 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04403

1. PLACE OF DEATH			sed lived, If institution: Residence before edmission
Wicomico	MARYLAND	STATE Maryland	b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporete limits	c. LENGTH OF STAY IN 16		e limits, write RURAL end give neerest town)
write RURAL and give nearest town) Salisbury	3 hrs.	Coli abour	22-1
d. NAME OF HOSPITAL OR INSTITUTION (if		d. STREET ADDRESS	. IS RESIDENCE
			ON A FARM? YES NO X
115 Kendall st.	Middle	415 Patterson	Ave. Dey Yeer
DECEASED		OF DEATH	Monn boy , reer
(Type or print) Billie	Ann	Messick	March 13. 19 67
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED E		GE (In yeers IF UNDER 1 YEAR TF UNDER 24 HRS. st birthdey) Months Deys Hours Min.
Female White	WIDOWED DIVORCED 1	Tay 14, 1934	2 yrs.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY
Clerk	Gas Company	Mamrland	II C A
13. FATHER'S NAME	- Carpary	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
William Messic	k	A 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		Annabelle Mac	Lain
(Yes, no, or unkown) (Ifyesgivewerordetesofser	フリリー・フリー・		
18. CAUSE OF DEATH [Enter only one	reuse per line lor (e) (b) and (c)	rs. Wm. E. Messick	See #2
PART I. DEATH WAS CAUSED BY:	1 1 1	1-1-1	ONSET AND DEATH
IMMEDIATE CAUSE (e)_	Acute Trache	o broughting	have
500 X NIE TO	C = 0 ===	0 m - 0 - 1	
Conditions, if eny, which (b)	Surcoidosis	of Meeliastiv	rum year
geve rise to immediate cause (e), stating the underlying			0
cause lest.			
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE COL	
PART II. OTHER SIGNIFICANT CONDITION DESCRIPTION DESCRIPTION DESCRIPTION PART II. OTHER SIGNIFICANT CONDITION DESCRIPTION DESCRIPTION PART II. OTHER SIGNIFICANT CONDITION DESCRIPTION DESCRIPTION PART II. OTHER SIGNIFICANT CONDITION DESCRIPTION DESCRIPTI			PERFORMED?
2De. EXTERNAL CAUSE WAS 20	b. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of iter	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
	2Dd. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, ferm, 2Df. (City or	(6)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.	While Not While feet	tory, street, office bldg., etc.)	town) (County) (State)
¥ p.m. 19	et work et work		
21. I certify that I took charge of	the remains described above, he	eld an Autopsy Inspection	Inquiry , and in my opinion
death resulted from:	uses Accident . Suic	ide . Homicide . Undet	ermined manner
	-1	CHIEF MEDICAL EXAMINER	
ACTUAL	K . /	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE		DEPUTY MEDICAL EXAMINER	
Examiner's Earl L. Ro	oyer () M.D.		3-14-67
220. BURIAL, CREMATION, 226. DATE THEREO		Address (Street, city, town, or courter CREMATORY 22d, LOCATION	(Slete)
REMOVAL (Specify)	-		
Brial 3/16/190	67 Parsons Ceme	tery Salis	bury, Maryland
011110 76	. 0	MAD TE HOLY	Illianles Jusque
more sec	Salisbury, Mar	yland BAYETT I	

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	. Swarpson and and the state of	
	reconstructions and address to	And head and the
	etilende e loost	A. Williams
Come		777

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in writhe threefall director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any cremt, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04402
The Hold Research And Records OF DEATH
04404

1 tem #10 Film #0301 670/	07303
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
MARYLAND MARYLAND	a. STATE b. COUNTY W. C. a.m. CO
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Splisbyky 2485	Splisbury 22.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
614 W. Isabella Street	705 W. Isobella St. YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) FRIZNK OLIVER M	11/bourne DEATH 3 16 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
A H WIDOWED DIVORCED	#-16 - 1885 last birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of workdone 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY LABORER	ACCOMACCO. VA CL.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Juluis MilbourNe	SARALI CORPS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
(11 yes give that of dates of service)	Hyllis Milbourne TOS W. ISAbella
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	The state of the s
Conditions, if any, which) (b) (b) (c)	Mario Sclero Ses Indefinito
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY A COLUMN CONTRIBUTION OF COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION OF COURSE OF CO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[A]	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP CONTRIBUTING CAUSE OF DEATH 20b.	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While factor	y, street, onice blug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	192 to 7 7 192 that (1) (we) last
1 mix	death occurred at 7 5 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 7
22c. PHYSICIAN'S U A A DA COO A A A	22d ADDRESS
The first of the f	16) CVI, WHIN OY, SAUSPURY, M.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) /(state)
Qurial 3-19-6/ Terst Baph	ist poposville, Va.
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAP'S SIGNATURE
Novella D. Polley Salisbury ma	DAMAR 3 1 196/

5 (4) 1/65 VR / A15

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04403 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours ofter death. ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ompletely filled in by the funeral ve carban popers. Pages I ond event, within 72 hours ofter dect 1. PLACE OF DEATH o. COUNTY o STATE b. CDUNTY Wicomico MARYLAND Maryland Wicomico. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury since 3/6/67 Rural-Salisbury d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Pane Bluff State Hospital YES NO RFD 3. NAME OF Middle Lost 4 DATE Doy Year completely DECEASED (Type or print) March IF UNDER I YEAR 1967 WARREN DEATH 9. AGE (in years S SEX I IF UNDER 24 HRS 6. COLOR DR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** 1 remaye lost birthday) Months Dovs Hours WIDOWED DIVORCED lav 29. 1911 and in an 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then pleose Wicomico Co., Md.

14. MDTHER'S MAIDEN NAME Laborer IISA Farm 13 FATHER'S NAME burial, cremotian, or removol, Arthur Nairne Tda Black 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) No 215-36-0321 Records of Pine Bluff Hospita INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary tuberculosis IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the Health prior to lost. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES -NO ATTENDING PHYSICIAN: certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) DR CONTRIBUTING CLICAUSE DE DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While at wark TO FUNERAL DIRECTOR: After pe 21. I certify that (I) (this haspital) attended the deceased fram_ . 1967_. to . 1967, that (I) (we) last 3/6/ directar, page 3 should should be filed with the 1967, and that death accurred at 1:03 byfram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS TO HOSPITAL Page 4 moy b 22c. PHYSICIAN'S NAME (Type) Pine Bluff State Hospital Ritchings 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Fruitland Mt: Calvary Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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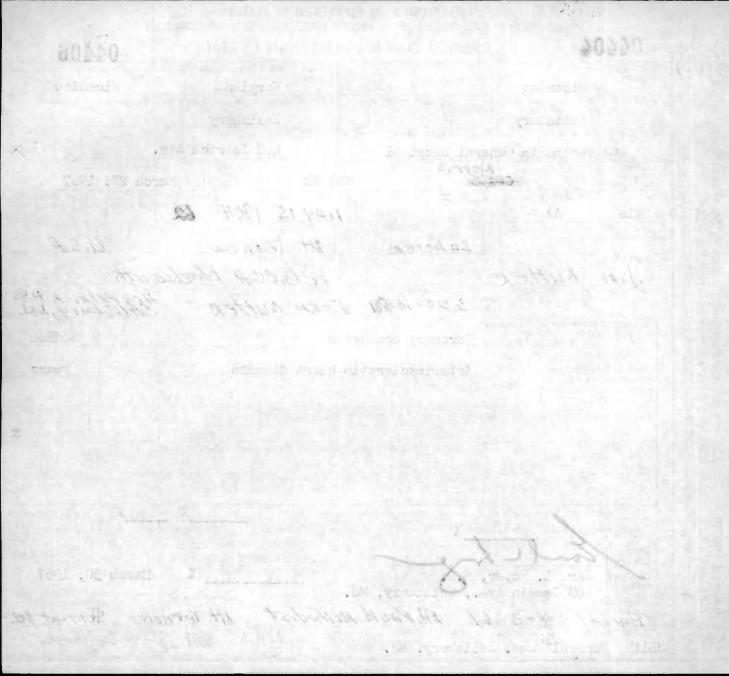
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04404

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

" L 7		04404			04400
DEPT		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution	
4	0	COUNTY	MARYLAND	a. STATE Maryland b. COUNT	Wicomico
ent	b	. CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR)	AL ond give nearest town)
t t		write RURAL and give nearest town) Salisbury		Salisbury	22-1
a l	d	NAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
the State Deportment		DOA Peninsula Ge	eneral Hospital	408 Patrick Ave.	ON A FARM? YES NO
Nai		IAME OF Fin	Morris Middle	Lost 4. DATE Month	
		Ype or print)	N		1 29, 1967 19
urs after death	S. S	or could but there	7. MARRIED 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH 9. AGE (In years last burthday)	IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
를 		Male AA	WIDOWED DIVORCED	MAY 15, 1904 62 YIS.	
9	10o. durir	USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	106. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
offe	_		LAPOTER	MT. PERNON	U.S.H.
urs	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME REDECCE & Blood SWOO	4
2 hou	Ic	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		
cremation, or remavol, and in any event within 72 hours after death		, no, or unknown) (If yes give wor or dotes of	corvice) /	DORA NUTTER 3	08 Patrick AVE.
#	_	18. CAUSE OF DEATH (Enter only one cour		JOHN WALLEY SI	INTERVAL BETWEEN
ŧ		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Company one luci	on	ONSEI AND DEATH
ony event	П	420. 1 DUE			
ony		Conditions, if ony, which gove	(b) Arteriosclerotic	heart disease	years
.⊆		rise to immediate couse (a), Stating the underlying couse	10		
puo			(c)		
0 2	N N	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
emavol,	\$				YES NO X
2 2	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
should on, ar re	AI C	CAUSE OF DEATH.	2Dd. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form, 2Df. (City or town)	(County) (State)
cremati	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.	While Not While fac	tory, street, office bldg., etc.)	(cooliny) (sidile)
crer		p.iii.	at work of work of the remains described abave, he	eld an Autapsy , Inspection X, Inqui	iry X, and in my apinia
, jo				cide , Hamicide . Undetermined ma	
to burial,		dedili lesolled folii. Natora	, Actioen [], Sui	CHIEF MEDICAL EXAMINER	THE
<u> </u>		ACTUAL SIGNATURE	has	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ealth prior		EXAMINER'S Earl L. Rov	er. M.D.		arch 30, 1967
= 2		NAME (Type) 109 Camden		Address (Street, city, town, or county)	
Health C	230.	DEMOVAL (C Y.)	1 1 2 1		
N	0.	BuriAl 4-3.			
(5)		FUNERAL DIRECTOR	ADDRESS	ZA R D Y REGIS B67 2S	SISTRAR'S SIGNATURE
7. 1	0	olley Funeral Home,	palisbury, Md.	DATE	00



04405

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P.M.3. Page any delay is ond 3 to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CER

ISUAL RESIDENCE (Where deceosed lived, if institution: Residence before	re c

MAR 2 3 1967

										-	
PLACE OF DEATH O. COUNTY				2. USUAL R	,			d, if institu b. COU	ntion: Residen	ice befor	e odmission
	licomico		MARYLA			yland			Anne	MRL	Ade L. C.
	(If outside corporate limits,		c. LENGTH OF STAY IN	1			ote limit	s, write RU	JRAL ond giv	e neores	t town)
Sali	nd give negrest town)			Pas	adena	l				12-	2
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in hospital, give	e street oddress)	d. STREET A							ON A FARM?
Peninsul	a General Ho	spital			Ro	ute #	1	Box	185		YES NO
3. NAME OF	First		Middle	Lost		4. DATE		Mor		Doy	Year
(Type or print) N	Melvin L	eroy	Pa	rsons		OF DEATH		3-	-18-67		19
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BI	RTH		9. AGE	In years	IF UNDER Months	1 YEAR Dovs	IF UNDER 24 HRS Hours Min.
M	W	WIDOWED [DIVORCED	10-17-20)		46	birthdoy) Yrs.	MOIIII	Doys	Hours Min.
10o. USUAL OCCUPATIO	ON (Give kind of work done og life, even if retired)		of BUSINESS OR	11. BIRTHP	LACE (Stote	or foreign	country)		12. CI	TIZEN OF	WHAT A
13. FATHER'S NAME			-110p	14. MOTHER	S MAIDEN N	JAME					
IV. TAILER S RAME	Unk			14. MOTHER		nk					
IS WAS DECEASED IN	VER IN U.S. ARMED FORCES?	14 50	CIAL SECURITY NO.	17. INFORMANT				Add	FOSS		
(Ye, no or unknown	(If yes give war or dotes of	service)	CIAL SECURITY NO.	Famil				Addi	Same		
				Laurt	У				Dame	-	
	DEATH (Enter only one couse ATH WAS CAUSED BY:										RVAL BETWEEN
TAKI I. UL	IMMEDIATE CAUSE (c	Con	ronary occ	lusion						-	udden_
420	DUE TO	0									
Conditions, if on)()									1982
rise to immedia		0									
lost.) (0	()	ALC: NO	ASSES							
PART II. OTHER	SIGNIFICANT CONDITIONS COI	NTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE CON	DITION GIV	EN IN P	ART 1(o)		19.	WAS AUTOPSY
			ALC: U							Y	PERFORMED?
20o. EXTERNAL O	CAUSE WAS	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter noture of	f injury in I	Port I or Po	rt II of i	tem 18.)			
PRIMARY	ONTRIBUTING			,							
CALISE OF DEATH											
CAUSE OF DEATH		20d INII	IRY OCCURRED 1 2	Oe PLACE OF INTITRY	Home form	20f	(City	or town)	l(o	untv)	(Stote)
CAUSE OF DEATH 20c. TIME OF IN Hour of	JURY Month, Doy, Yeor o.m.	While r	Not While	Oe. PLACE OF INJURY ((City	or town)	(Co	unty)	(Stote)
F	JURY Month, Doy, Yeor o.m. 19	While of work	Not While ot work	foctory, street, offic	e bldg., etc.)						War in
21. I certi	HJURY Month, Doy, Yeor o.m. 19 ify that I took charge	While of work [Not While ot work ins described aba	foctory, street, officeve, held an Autar	e bldg., etc.)	Inspect	ian X], Ing	uiry 🛣,		(Stote)
21. I certi	HJURY Month, Doy, Yeor o.m. 19 ify that I took charge	While of work	Not While of work	foctory, street, officeve, held an Autap Suicide	e bldg., etc.) osy,_ Hamicide	Inspect	ian X		uiry 🛣,		War in
21. I certi	HJURY Month, Doy, Yeor o.m. 19 ify that I took charge	While of work [Not While ot work ins described aba	ve, held an Autar Suicide (CHI	e bldg., etc.) Dsy,_ Hamicide EF MEDICAL	Inspect Inspect EXAMINER	ian X], Ing	uiry 🛣,	and	in my apinia
21. I certi	JURY Month, Doy, Yeor .m. 19 ify that I took charge lited from: Natural	while of work [Not While of work ins described aba Accident ,	ve, held an Autar Suicide CHI	e bldg., etc.) DSY, Hamicide EF MEDICAL ISTANT MEDI	Inspect Inspec	ian X], Ing	uiry X,	and	in my apinia
21. I certi death resu	HURY Month, Doy, Yeor D.m. 19 ify that I took charge lited from: Natural Earl L. Roye	of the remo	Not While of work ins described aba Accident ,	ve, held an Autar Suicide CHI	e bldg., etc.) Dsy,_ Hamicide EF MEDICAL	Inspect Inspect EXAMINER ICAL EXAMINE	ian X Indeter	, Ing	uiry X,	and	in my apinia
21. I certi death resu ACTUAL SIGNATURE EXAMINER'S NAME (Type) 230. BURIAL CREMAN	LIURY Month, Doy, Yeor D.m. 19 ify that I took charge lited from: Natural Earl L. Roye	of the remo	Not While of work ins described aba Accident ,	ve, held an Autar Suicide CHI	e bidg., etc.) OSY	Inspect , EXAMINER ICAL EXAMINE , city, town	ian X Indeter	, Ing	uiry X, nanner _	and	in my apinia
21. I certi death resu ACTUAL SIGNATURE EXAMINER'S NAME (Type)	LIURY Month, Doy, Yeor .m. 19 ify that I took charge lited from: Natural Earl L. Roye TION, 23b. Date fifts	while of work af the remo	Not While of work ins described aba Accident ,	ve, held an Autar Suicide CHI M.D. ASS DEF Add	e bidg., etc.) OSY	Inspect EXAMINER ICAL EXAMINE LEXAMINE City, town 23d. L	Indeter	, Ing mined n	nanner 3-1	and	in my apinia
20c. TIME OF IN Hour of Part o	HURY Month, Doy, Yeor John. 19 ify that I took charge lited from: Natural Earl L. Roye TION 23b. Date fiftr 3/22/6	while of work af the remo	Not While of work ins described aba Accident ,	ve, held an Autar Suicide CHI M.D. ASS DEF Add	e bidg., etc.) OSY	Inspect EXAMINER ICAL EXAMINE LEXAMINE City, town 23d. L	ian X Indeter NER OCATION Balt	, Ing mined n mined n miny) (City or To	nanner 3-1	and 3.8-67	in my apinia 22. DATE SIGNED (State)

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McCully F H 237 Pataps co Ave

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremotion, or removol, and in any event within 72 hours after death.

O DEFUTE MEDICAL ENAMINER: 1113 CELLINOTE SUCCESSORY, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.7. The funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If

Pelistin Transport of the peak many token entraction the real fields and ii C La Carlo I House La Franci Lancett alicentes The state of the s and the second s es Joseph ed copy who was a relegation Contest II 3/12/10 I what Cott Out at a state of the contest of th CONTRACT I SOFT ADDRESS OF PROSESS OF A SECTION OF PROSESS OF THE SECTION OF THE PROSESS OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04406	CENTIFICATI	OF DEATH		ORIUG
1.	PLACE OF DEATH			e deceased lived, if institution:	Residence before admission)
	o. COUNTY Wicomico	MARYLAND	a. STATE	b. COUNTY	Wicomice
	b. CITY OR TOWN (If autside carparate limit	s, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	e corparate limits, write RURAL o	
	write RURAL and give nearest town) Salisbury	1/3/12/3	NZn+	-1cako	22-1
	d. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Peninsula Gener	ral Hospital			YES NO
3.	NAME OF A Fi	irst Middle	Lost 4.	DATE Manth	Doy Year
	DECEASED (Type or print)	ie Leve	TERRY	DEATH MARCH	16 1967
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
1	emale N87to	WIDOWED DIVORCED _	6/10/1898	6 70 yrs.	
	a. USUAL OCCUPATION (Give kind of work dane ring most af working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	ate, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	12hover	Destood	Wiconic	0-11/4.	11.5.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
_			Flmzno	12	
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, pg, ar unknown) (If yes give war ar dates		INFORMANT	Address	1 1/1
	No	219-07-6308	121/04 Ja	1795/16nt	100KB, 10
	18. CAUSE OF DEATH (Enter only one compart). DEATH WAS CAUSED BY:		stro Euter	7.	ONSET AND DEATH
	1971 MMEDIATE CAUSE		aro curere	to	3 days
	Canditions, if any, which gave	Theella Krain at	& Herape		1 week
	rise ta immediate cause (a),	(b) receive resp as			
	stating the underlying couse last.	(1) aleno Care	entrus 1	a quea	1 ge
_	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO
昌	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part 11 of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m.		CE OF INJURY (Hame, farm,	20f. (City or town)	(County) (Stote)
ME	p.m. 19	While Nat While of work at work	tory, street, affice bldg., etc.)		
		spital) attended the deceased fram_	, 19	, ta	, 19, that (I) (we) las
	saw the deceased alive an_	3/16 1967, and the	t death accurred at <u>T'</u>		an the date stated above
	220 SIGNATURE	· No. and	ATTENDING MED). STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	flesel M.	D. PHYS. DIRI	ECTOR L PHYS. L	2/10/0/
	NAME (Type)		5-11-6	azl, Md.	
23	o. BURIAL CREMATION. 23b. DATE TH	IEREOF, 236 NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	8/17 Nxx+11	Ke Frim	Nanticok	o Md.
2	4. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		RAR'S SIGNATURE
	C //m/am	With RIVE 11/0, 1	DMAR 2	1 1967 Jelio	wees judge

THE THE WORLD STATE OF STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LLOT CERTIFICATE OF DEATH 04409 04407

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE b. COUNTY	tesidence before admission)			
		Wicomico MARYLAND	Maryland Wicomico				
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL Salisbury	and give nearest town)			
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
		R.D. #1	R.D.#1	YES NO			
		NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year			
		(Type or print) MAMIE VIRGINIA	PHILLIPS DEATH March	24 19 67			
	_	1. MANULED MEASUR MANULED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months 77 yrs. 6	Days Hours Min.			
1	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT			
1		ing most of working life, even if retired) INDUSTRY		OUNTRY? SA			
ŀ		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O/A			
		Alfred F. Pusey	Nancy Ellen Smullen				
	(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? §, no, or unkown) (If yes give war or dates of service)	Mrs. Mattie E. Rayne, (Daughte Box 71, Fruitland, Maryland	er)			
Ī	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: Coronary occ	lesin, probable	Sudden			
١		4201 DUE TO					
ı		conditions, if any, which (b) Coronary ath	erosderps, severe	years.			
		gave rise to immediate cause (a), stating the underlying cause last.	artember				
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18	3.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work at work at work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Cou	unty) (State)			
ı	-		Jan 19/00 to MAR 196	7, that (I) (we) last			
ı		saw the deceased alive on MARCH 1967, and that	t death occurred at 10 45 M, from the causes and on t	he date stated above.			
ı		22a. SIGNATURE	77 220. D	DATE SIGNED			
I		HAT // MICHO M.E	D. PHYS. DIRECTOR PHYS.	arch25/1967			
١		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
	-	Dr. Robert T. Adkins	Fruitland, Maryland YOR CREMATORY 23d. LOCATION (City, town or co	untv) (State)			
	23a.	REMOVAL (Specify)					
	24	Burial March 27,1967 Zion Cemetery FUNERAL DIRECTOR ADDRESS	Worcester County	'S SIGNATURE			
	- "	HOLLOWAY & COMPANY, SALISBURY, MARYLAN		Judge			

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04408	CERTIFICAT	E OF DEATH	04410
	1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, i	f institution: Residence before admission) b. CDUNTY Worcester
	b. CITY OR TOWN (If autside carparate limit write RURAL and give nearest tawn)	s, c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If autside carparate limits,	write RURAL and give nearest tawn)
	Salisbury	18 days	Pocomoke Cit	
7.	d. NAME DE HOSPITAL OR INSTITUTION (If n	at in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
80	Peninsula Gene	cal Hospital	Market Street	YES NO
	3. NAME OF FORCEASED (Type or print)			Manth Day Year MARCH 18 1967
	S. SEX 6. COLOR OR RACE Male White		B. OATE OF BIRTH 9. AGE (In Oct. 27, 1883	hday) Manths Days Haurs Min.
	10a. USUAL DCCUPATION (Give kind af wark dane during post of working life, even if retired)	10b. KIND OF BUSINESS OF 1 Clothing	II. BIRTHPLACE (County & State, or foreign county , Worcester County , Maryland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Thomas Pilchard		Elizabeth Han	
- 6	 WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates 	of service)	INFDRMANT	Address
-	No	none M:	rs Roy Mason, Pocc	moke City, Md.
	18. CAUSE OF DEATH (Enter only one compart 1, OEATH WAS CAUSED BY:	use per line far (a) (b), and (c).)	& h. lanching	INTERVAL BETWEEN DISSET AND DEATH
	IMMEDIATE CAUSE	(a)	n file	1 / July
	Canditians, if any, which gave	III ONG BANG	letter wo clever	5 horkinger
	rise ta immediate cause (a),	(b) 0 CO 1 CC 1		
	stating the underlying cause last.	(c)		
2	PART II. OTHER SIGNIFICANT CONDITIONS (THE TERMINAL OISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. OESCRIBE HDW INJURY OCCURRED	. (Enter nature af injury in Part I ar Part II af iten	1 18.)
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		ACE OF INJURY (Hame farm, ctary, street, office bldg., etc.)	tawn) (Caunty) (State)
	21. I certify that (I) (this bases saw the deceased alive on	pital) attended the deseased fram_	at death accurred at SAM, fram	guses and an the date stated above
	22a. SIGNATURE	(4) / A	A.D. ATTENDING MED. STA	
1	22c. PHYSICIAN'S NAME (Type) OS WAL	0 = 1.10 0/)	Medical Center	. SAlisbury Maryla
	23a. BURIAL, CREMATION, 23b. DATE THE BURY A CAPACITY) 3-20	-1967 First Bap		city Wor. Md.
K	24. FUNERAL DIRECTOR	ADDRESS On Pocomoke City	Md. MAR 2 1 1967	251 REGISTRAR'S SIGNATURE
0	Robert H. Watson			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.

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	EL CERANICA S	VALO ENGINEE		

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ANG :		04409	CERTIFICAT	E OF DEATH		04411
uneral Uneral I and 2 er death		PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE O. STATE Mary	Where deceased lived, if institution b. COL	utian: Residence before admission) / UNITY Worcester
offe offe	t	o. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 1b		utside carporate limits, write Rl	JRAL and give nearest tawn)
by the Pogrants		write RURAL and give nearest town) Salisbury	45 minutes	Berl:	in	23-2
P 2hs.	(. NAME OF HOSPITAL OR INSTITUTION (If not in	n haspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
n 24 h		Deer's Head State H	Mospital	Rt. #	3, Box 276	YES NO
couted within 24 haurs ofter completely filled in by the fur nove carbon papers. Pages 1 lyevent within 72 haurs ofter	[NAME OF First DECEASED (Type or print) Jesse	Middle M	PURNELL	4. DATE Mon OF DEATH March	7 19 67
comple	S. 5	SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-18-18	9. AGE (In years last birthday) 76 77 78	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
be ex n ond se rem d in on		Male Negro USUAL OCCUPATION (Give kind af wark done ng most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
icate sicia pleo: I, on	13.	FATHER'S NAME	LABOTER	14. MOTHER'S MAIDEN		4.211
ertifi phy hen nova		Thomas Puru	ell.	nance	y Waters	
death of tending rmit. Then, or rem	1S. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates af si	16. SOCIAL SECURITY NO. 17.	allerine 7		1855 Berlin, ml.
requires that the death certificate be executed within 24 haurs often g physician. signed by the attending physician and completely filled in by the first buriol-tronsit permit. Then please remove carbon papers. Pages buriol, cremation, or removal, and in any event within 72 haurs often		18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	11-01-1	ofhre		INTERVAL BETWEEN ONSET AND DEATH Year
quires th physician signed by suriol-tro suriol, cre		Conditions, if any, which gave) DUE TO				
aqui phy sign buri buri		rise to immediate couse (o),				
w reding een the rto		stating the underlying couse (c)				
ICIAN: The law repitol or attending trifficate has been d for use as the of Health prior to	VIION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
PHYSICIAN: The law re hospital or attending his certificate has been stacked for use as the Dept. of Health prior to	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Part II af item 18.)	
this this detac	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19		LACE OF INJURY (Home, far actory, street, affice bldg., etc		(County) (State)
After be Star		21. I certify that (I) (this haspit	tal) ottended the deceased from_	March /	1967 to March 7	, 19 <u>67</u> , that (I) (we) last
ATTEN stoined CTOR: shauld ith the		saw the deceased alive an Me	arch 7 1967, and th	at death accurred a	t 11:45 AM, from causes	ond an the date stated abave
OR ATTENI be retoined DIRECTOR: A le 3 shauld ed with the		220. SIGNATURE	U	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3-7-67
A moy the properties of the pr		22c. PHYSICIAN'S NAME (Type) Dr. A. C	C. Mitchell	Deer's He	ead State Hosp	ital, Salisbury, Md
TO HOSPITAL OR ATTENDING Page 4 moy be refolined by t TO FUNERAL DIRECTOR: After director, page 3 shauld be of should be filed with the State	23a	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or T Berlias).	own) (Caunty) (State)
	24	FUNERAL DIRECTOR	ADDRESS	11	Charge .	REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		Louter & Joller	1- Jersey Rd. Rt #2 2	rales. MAR	1 6 1967 /	lares juste

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A15 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01.1.10

UTTI						UXI	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDE	NCE (Where deces		on: Residence	a belora edmission)
Wicomico		MARYLAND	a. STATE Mars	yland	b. COUNTY	Vicomic	20
b. CITY OR TOWN (il outside corpora		c. LENGTH OF STAY IN 16		N (II outside corpora			
write RURAL and give nearest tow Salisbury	rn)		Col.	i ahuwa		2	2-1
d. NAME OF HOSPITAL OR INSTITUT	ION (if not in hose	sital give street address)	d. STREET ADDRES	isbury			a. IS RESIDENCE
		mai, give sireer address,		-			ON A FARM?
112 E. Londo				E. London			YES NO X
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	LAURA	(MMI)	PUSEY	DEATH	March	14	1967
S. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		GE (In years IF UN		IF UNDER 24 HRS.
Female White	WIDOWEL	DIVORCED T	March 3, 18	885	82 yrs. Mont		Hours Min.
IOa. USUAL OCCUPATION (Giva kind of		ND OF BUSINESS OR INDUS		ounty & State, or tore			WHAT COUNTRY
done during most of working life, even i	f ratirad)		Mich	GAN		45	A
3. FATHER'S NAME			14. MOTHER'S MAID			7107	,,
o. TATTER STRAIL			1		,		
George Crissey			Lucinda				
5. WAS DECEASED EVER IN U.S. ARME Yes, no, or unkown) (Ifyasgivewarorda		SOCIAL SECURITY NO. 17.	Mary Z. Hei	ser, Snow	Hill. Ma	rvland	
No				,			
18. CAUSE OF DEATH [Enter on	ily ona cause per li	na for (a), (b), and (c).]	*	T			RVAL BETWEEN
PART I. DEATH WAS CAUSED		Plalesu	i mil	rund		0143	AL AID DEATH
11211		1-10-1-			THE PARTY OF		
	UE TO M	0. 1					
Conditions, if any, which	(b) 14VV	reman	us,			-	
(e), stating the underlying	OUE TO U						
cause last.	(c)					DADE 41 34 45	NA S ALITORS
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER S	CONDITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE CO	NOTION GIVEN IN	PAKI I(a) 19	PERFORMED?
The Tarrey	so Ver	- Carri				Y	ES NO
200 ACCIDENT WAS UNDERLYING		CRIBE HOW INJURY OCCUR	ED. (Enter natura of injury	in Part I or Part II of	item 1B.)		
OR CONTRIBUTING CAUSE OF D	AINER)						
20c. TIME OF INJURY Month, D	Pay, Year 20d.		LACE OF INJURY (Homa, I		town)	(County)	(Stata)
Hour e.m.	Whila	Not While at work	actory, street, office bldg.,	atc.)	00. 11.	1/1	7. 7
Pill 7700			D1	17 (3)	The state	16.00	1 CM
21. I certify that (I) (this		ded the deceased from		19.6.) to	The work of	- /-	nat (I) (we) la
saw the deceased alive on.	9:30/24/	han 19.6	al death occurred at	7.33 My from t	he causes and o	on the date	
22a. SIGNATURE	2/		ATTENDING	MED.	STAFF		22b. DATE
(arie)	V	eash	ATTENDING PHYS.	DIRECTOR [March_	16 /1967
22c. PHYSICIAN'S			22d. ADDRESS				
NAME (Typa) Dr. Cal	rrie Hear	n	226 N.	Division	St., Sal	isbury	, Maryla
		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCAT	ON (City, town or	county)	(State)
REMOVAL (Spacify)					ster Coun		rvland
Burial March	20,1967	Olivet Cemet	rer.A		25b. PEGISTRA		
4 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	25	ARD 2 TEGISTI	7 Tallia	rea le	idak
HOLLOWAY & COMPAN	Y. SALIS	BURY, MARYLAN	DATE	7 100		1	0

100 DD02 pulper (George . - bla SALANYA HOURST ... SILL -652 . F 1:00 E Declarate a Toposa Topo TO DAME THE phelips along the rest of the Dr. C. rrie learn market in the second se constraint, agrantou restaisono, therein you reev days contact The second secon MARKET OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04411

CERTIFICATE OF DEATH

04413

OZZII	CARTITICATA	V	01110
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if insti-	
o. COUNTY	MARYLAND	b. CO	Wicomico
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparote limits, write I	
write RURAL and give nearest town)	C. ECHOIN OF STAT IN 15		CORAL GIRD GIVE HEOVEST TOWNY
Salisbury		MARDELA	22-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Hospital	Main Street	YES NO
NAME OF DECEASED (Type or print) CLVDE	ELDERDICE.	REDDISH OF DEATH MAKE	onth Doy Year 1967
SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
PALE WHITE WIDOW	VED DIVORCED	2-8-06 61 Yrs.	
	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ring most of working life, even if retired)	INDUSTRY	Wicomico County, Md.	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
anne Edward Raddish		Fennie Lee Phillims	
eorge Edward Reddish WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Fannie Lee Phillips	dress
es no or unknown) (If yes give wor or dates of service)		Mrs. Erna M. Reddish (Wi	
1B. CAUSE OF DEATH (Enter only one couse per line		10	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	"orderal	theonlesses	ONSET AND DEATH
332X DUE TO			6 /
Conditions, if ony, which gove) (b)			
rise to immediate couse (o), (
storing the underlying couse			
			19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 1B.)	
OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NI / A		
	N/A Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town)	· (County) (Stote)
		ory, street, office bldg., etc.)	(55117)
p.m. 19 ot	work of work of work		, ,
21. I certify that (I) (this hospital) at	tended the deceased from_	t deoth occurred of 190 to 190	(thot () (we) los
sow the deceosed olive on	19 <u>6</u> /, ond tho	t death occurred at March, from couse	es and on the date stated above
22o. SIGNATURE	00	ATTENDING MED. STAFF	22b. DATE SIGNED
Willet or	" COORDY M.	D. PHYS. DIRECTOR PHYS.	0 3-16-6/
22c. PHYSICIAN'S	🗸	22d. ADDRESS	1 00 /
NAME (Type) WILBUR R. E	LLIS, J'	MEDICAL CENTER; DALIS	bury, IIId.
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or	Town) (County) (State)
REMOVAL (Specify)		rial Cemetery Mardela,	
Burial Waren 21,19	ADDRESS		REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SA	LISBURY, MARYLAN	TD - OF	Carles Judge
	,	MAR 2 1 1967 1/40	Lank born

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

VR A15 (4) 20 M 1/66



CERTIFICATE OF DEATH

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/	#	10
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death. campletely filled in by the foreover carban papers. Pages 1 y event, virthin 72 haurs after remoye and in any physician ar remaval, permit. burial, crematian, signed by the burial-transit p **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. tar use as the t t Health priar ta b has been O FUNERAL DIRECTOR: After pe directar, page 3 shauld shauld be filed with the

VR A15 (4) 20 M 1/66

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY " MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ORTOLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO K Peninsula General 3. NAME OF 4. DATE Month Day Year Lost DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** 33 birthdoy) Months Dovs DEC.4.1933 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
HOUSEWIFE INDUSTRY DAMES QUARTER . MD. U2S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GLADYS WEBSTER HARRY BOZMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0-28-2020 RICHARD REID ORIOLE. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg. Atc.) Not While 21. I certify that (I) (this haspital) attended the deceased from 196 and that death occurred at 3 / 8 am, from causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) BURIAL (Specify) 3/31 PRINCESS ANNE. 1967 OLIVER BEECHWOOD CEM ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1967 LEVIN R. WILSON PRINCESS ANNE, MD.

My in the 's THE PERSON NAMED IN COLUMN AND AND REPORT OF THE PROPERTY THE REPORT OF THE PARTY OF THE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04413

CERTIFICATE OF DEATH

04415

- 4					
1		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if	b. COUNTY
1	0	o. COUNTY Wicomico	MARYLAND	o. STATE Maryland	Wicomico
	b	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporote limits, w	
		Salisbury	556 days	Salisbury	22-1
	d	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspi	itol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1/		Deer's Head State Hos	pital	Camden Avenue	YES NO
1		NAME OF First	Middle	Lost 4. DATE	Month Doy Yeor
	(Type or print) Russell	Truitt	ROBERTS DEATH Marc	
	S. S	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED 🔀 🛭	B. DATE OF BIRTH 9. AGE (In y lost birth	
		ale White WIDOV		10/20/189/175	yrs.
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign countr	ry) 12. CITIZEN OF WHAT COUNTRY?
	-	280x cox	IIID031K1	MZY/Zn/	Amexica
1	13.	FATHER'S NAME	, ,	14. MOTHER'S MAIDEN NAME	011
1		Thomas 5. Ro	bexts	Margaret J.	Colliex
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, prunknown) ((If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address
	(100	s, no, productiowity the yes give wor or doles or service,	577-16-8790	Thomas S. Nober	5 OSIHIMOYEMA
ı	T	1B. CAUSE OF DEATH (Enter only one couse per lin			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive heart	failure	ONSEL AND DEATH 6-0 Weeks
		4200 DUE TO			
			rteriosclerotic	heart disease	Years
		rise to immediate couse (a), stoting the underlying couse DUE TO			
		last. (c) P	ulmonary tubercu		Years
,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION	2./Pleural effusion (1	Left), probably t	uberculosis	YES NO
	필	20o. ACCIDENT WAS UNDERLYING ☐ 20		(Enter noture of injury in Port I or Port II of item	18.)
	CE.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	B	20c. TIME OF INJURY Month, Doy, Yeor 2		CE OF INJURY (Home, form, 20f. (City or to	own) (County) (Stote)
	MED		While Not While foctors work of work	tory, street, office bldg., etc.)	
		21 certify that (1) (this haspital) a	ttended the deceased from A	ugust 26 , 19 65, to Marc	ch 5 , 1967 , that (I) (we) lo
		saw the deceased alive an March	15, 19 67, and tha	it death accurred at <u>\$200P</u> M, fram co	auses and an the date stated abov
		22q. SIGNATURE		ATTENDING MED. STAF	22b. DATE SIGNED
		(He mac	DC M.	D. PHYS. L. DIRECTOR L. PHYS	
1		22c. PHYSICIAN'S NAME (Type) Dr. C. H. Winn	agantt	Deer's Head State Ho	nenital Salishumr N
_	230.	BURIAL, CREMATION, PEMOVAL (Specify), 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (Cit	ty or Town) (County) (Stote)
0	-	CHYIE 3/8/61	(JEX (740	rue (em, Jester	ville ill
	24.	FUNERAL DIRECTOR	ADDRESS A	AAR I O 1967	25b. REGISTRAR'S SIGNATURE
		1 100000	1001100111	DATE	

Toge 4 flay be retained by the inspiral of programs professionary for the funeral director, page 3 shauld be detached far use as the burial-transit permit. Themplease remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

7	

	TO THE WEATHER	32123	
01415	HT630-70 A		04413
			or in the second
	The bridge of the last		connent to
		ALLED THE	vin allel
			ALCONOMIC REAL PROCESS.
2		172.97	
		cities (newbest	
	Section of the sectio		
	a fine Literal Tyrk	Selfanni Lie	
		A TANK THE RESERVE	
			one of the second
		Ten Men	

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter deoth. If

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

any deloy is

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used os a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to buriol, crematian, or removal, and in any event within 72 hours after death. 5 moy be retoined for your files.

Item 18 Film 386 3-10-67 AMARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

	04414	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	1416
	PLACE OF DEATH				Where deceased lived, if institution: Reside	nce before admission)
(Wicomico Wicomico		MARYLAND	a. STATE Maryl	and b. CDUNTY Wi	comico
	CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TDWN (If ou	tside corporate limits, write RURAL and giv	re neorest lown)
	write RURAL and give nearest town) Salisbury			Salis	sbury	22-1
(I. NAME OF HDSPITAL OR INSTITUTION (If not	in hospital, g	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
_	Peninsula Gener	al Ho	spital D.O.A.	306 I	Pineway	YES ND X
	NAME OF Firs		Middle	Lost	4. DATE Month	Day Year
	Type or print) EDGA		LEE	RUSH	OEATH March	1 19 67
S. :	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	Days Hours Min.
	Male White	WIDOWED	DIVORCED	July 20, 19	910 56 yrs. 7	11
IDo.	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State	or foreign country) 12. C	ITIZEN OF WHAT DUNTRY?
	Factory Manager		lothing	Virginia	1	USA
	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
	Charlie Rush			(Unk.)		
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no. or unknown) (If yes give wor or dates of	service)	SOCIAL SECURITY NO. 17.	Mrg. Virgini	a L. Rush (Wife)	
L,			25-03-2720	306 Pineway,	Salisbury, Maryla	
	18. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY:		otured aortic a	neumrem	h dominal	INTERVAL BETWEEN ONSET AND DEATH Minutes
	IMMEDIATE CAUSE (/	oured aorore a	mearysm - a	abdominal	Minutes
	Conditions, if ony, which gove)	_				
	rise ta immediate couse (a),	/				
	stating the underlying couse	:)				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	· ——	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NOIT	TANT II. OTHER STORM COMPTIONS CO	111111111111111111111111111111111111111	DOT NOT REALED TO	THE TENTING E DISEASE CON	billott of the first top	PERFORMED? YES X NO
SE	2Do. EXTERNAL CAUSE WAS	20b. DE	SCRIBE HDW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 1B.)	
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				,	
MEDICAL CERTIFICATION	2Dc. TIME OF INJURY Month, Day, Year Hour o.m.	While	Not While foctor	CE OF INJURY (Home, farm ory, street, office bldg., etc.)		ounty) (State)
	21. I certify that book charge	of the son		Id on Autonou [7]	Inspection [X], Inquiry [X],	
	. //	souses X		ide . Homicide		and in my opinion
	death resolved John: Natural	Juses F	J, Accident 1 3010	CHIEF MEDICAL		_
	ACTUAL SIGNATURE	2		M.D. ASSISTANT MEDI		22. DATE SIGNED
	EXAMMER'S Dr. Earl L.	Boudn		m.b.	LEXAMINER A Marc	h 2 /1967
	NAME (Type) 109 Camden	ve	Salisbury, Md.	Address (Street	, city, tawn, or county)	
230	BURIAL, CREMATION, 23b. DATE THE	EOF	23c. NAME DF CEMETERY DR		23d. LOCATION (City or Town)	(County) (State)
		1,1967	Springhill Me		Salisbury, Mary	Tand
24	FUNERAL DIRECTOR HOLLOWAY & COMPANY	, SALI	SBURY MARYLAN	D 2So. REC'D	MAR 3 1967 FEGISTRAN	ignature Judge

VR A15ME (

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THE CASE OF THE CA

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04415

CERTIFICATE OF DEATH

04417

							01.		
	PLACE OF DEATH				2. USUAL RESIDENCE (V	here deceased lived, if ins	titutian: Residence	e befare admission	1) /
	u. COUNTT	Wicomico	MARYL	AND	Mary		Somer	sat	/
_	b. CITY OR TOWN (f autside carparate limits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au	tside carparate limits, write			
	write RURAL and	give nearest tawn)				,		00	
	Salish	urv	since 11/7	/66		incess Anne	. /	7-0	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give street address)		d. STREET ADDRESS			e. IS RESIDE ON A FAR	NCE M2
					72 4 2	D 4			10
2	Pine Bl		Middle		Route I	Box 4	Aanth	Day Year	
	NAME OF DECEASED	First	Middle		LUSI	OF	nami	Duy Teur	
	(Type ar print)	ORVAT.	GUY SANDERS				cch	4 1967	
٢.	SEX	6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED		. DATE OF BIRTH	9. AGE (In year	s IF UNDER 1 Manths		Min.
	M	WW	VIDOWED DIVORCED		8/9/1918	last birthday	Months	Days Haurs	MH).
10-	LICITAL OCCUPATION	(Give kind af wark dane	10b. KIND OF BUSINESS OR			& State, ar fareign country)		ZEN OF WHAT	
	ing mast af working		INDUSTRY				COL	INTRY? USA	
	Sales	man			Somerset	Co., Mary.	Land	USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
	Gnons	ille Sanders			Amanda	Macon			
10		R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17 4	NFORMANT		ddress		_
(Y	es, na, ar unknawn)	(If yes give war ar dates af ser	vice)						
,	yes	W. War II	219-07-4360	Re	cords of Pi	ne Bluff He	ospital		
_	18. CAUSE OF DI	ATH (Enter only one cause pe	er line far (a), (b), and (c).)					INTERVAL BETW	
	PART I. DEA	TH WAS CAUSED BY:	Pulmonary	4.11	nomoulogie		25-11-10-1	ONSET AND DE	ATH
	11.71	IMMEDIATE CAUSE (a)	Purmonary	- 640	Jer Culosia			2 115	
	0021	OT 3UD					4.5		
	Canditians, if any rise to immediat								
	stating the unde							7 61500	
	last.	(c)_							
	DADT II OTHER SI		BUTING TO DEATH BUT NOT RELA	TED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a	1	19. WAS AUTOI PERFORME	PSY
S	TAKI II. OTTEK SI	ONITICANT CONDITIONS CONTR	DOT NOT KEEN	10 10 1	THE TERRITARE DISEASE CO.	istituti otrettiit trikti ila	,		
S								YES N	10 🔀
CERTIFICATION	20a. ACCIDENT WA		20b. DESCRIBE HOW INJURY OCC	URRED.	Enter nature of injury in	Part I ar Part II af item 18.)		
CER		CAUSE OF DEATH MEDICAL EXAMINER)	WILLIAM TO THE THE						
CAL		JRY Manth, Day, Year	20d. INJURY OCCURRED	20e PLAC	E OF INJURY (Hame, farm	, 20f. (City or town) (Cau	nty) (S	tate)
MEDICAL	Haur a.i	m.	While Nat While		ary, street, affice bldg., etc.)				
2	р.1		at wark L						
	21. I certi	fy that (I) (this hospita	l) attended the deceased f	ram		9 66, to 3/			
	saw the d	eceased alive on	3/4/19 67, a	nd tho	death accurred of	1:15aM, from caus	es ond on th	ne date stated	abave
	22g. SIGNATURE		\$				22b. DA	TE SIGNED	
		5.01/	0.1	M.I.	ATTENDING D	MED. STAFF PHYS.	Mana	h 4, 19	67
	22c. PHYSICIAN'S	1.00	allage	111.4	22d. ADDRESS	DIRECTOR CO TITIS.	Plate	11 49 10	01
	NAME (Type	F D Dita	hings, M.D.			ff State Ho	enital		
		E.F. RILC	uruge, H.D.		I THE DIG				
23	. BURIAL, CREMATIO			ERY OR	REMATORY	23d. LOCATION (City o	r Tawn)	(Caunty) (Sto	ote)
P	UREMOVAL (Specify	3/6/196	7 QUINTON	CE	METERY	COSTON,	MARYLA	מע	
-	4. FUNERAL DIRECTO		ADDRESS		25g. RFC'D	BY REGISTRAR 2Sb	REGISTRAR'S SI	GNATURE	
1	. TOTAL DIRLET					8 1967	Charle	0	
	TWITE	I P WITTSON	PRINCESS AN	TO THE LAND	MD. LMAK	0 196/ 4	CONCE IL	a VALARE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fined in by the funerol director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove carbon pagers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4)

FIRE AND AND THE STATE OF THE S THE PERSON AND PROPERTY OF THE PROPERTY OF THE PERSON OF T The state of the s MEMBERS AND STREET OF ACCUMENTS OF and the late with the series of the . . . affile 3/s/raer outsing outside correct outside LEUTE H. WILSON PRINCESS AND. NO. MAR'S CHO PRINCESS AND LEUTE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04416	CERTIFICATE	OF DEATH		04418
	PLACE OF DEATH o. COUNTY Wicomico	MARYLANO	2. USUAL RESIDENCE (When	e deceosed lived, if institution b. COUNTY	Residence, before odmission)
	 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	ond give neorest town)
	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in la Peninsula General		d. STREET ADDRESS D	# 3	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Paul Middle Sc,	hultz 4.	DATE Month OF DEATH Manch	Doy Year 25 1967
S.	20 /	MARRIED NEVER MARRIED	3. DATE OF BIRTH PRIL 24,1911	Jast birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
dur	b. USUAL OCCUPATION (Give kind of work done ring most of working life, even it retired)	10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & Sto		12. CITIZEN OF WHAT COUNTRY? 21.5.
	FATHER'S NAME Edward S	chultz	14. MOTHER'S MAIDEN NAME	TIMARdi	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	ice)	NFORMANT /	Address	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. (c)	me fas fasic	ace bladder	eville	INTERVAL BETWEEN ONSET ANO OEATH
VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO? YES DO NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. OESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospita saw the deceased alive on 3) attended the deceased from	3-13-, 19 1 death occurred at 5	7. ta 3-25 M, from causes or	nd an the date stated above. 22b. DATE SIGNED
	22c. SIGNATURE 22c. PHYSICIAN'S	L. Chylon M.	D. ATTENOING MED PHYS. OIRI	O. STAFF PHYS.	3-28-67
	NAME (Type)	1	Med	hist enfer-	Solubing Mas
L	o. BURIAL, CREMATION, 23b. DATE THEREOF 3/28/6	7 Smith N	1115	23d. LOCATION (City or Town DeMAR	SUSSEL Del
24	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 2Sb REGI	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fraecal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs offer death

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ :			0441	7		CERTI	FICATE	OF DEATH			044	19
the tyneral ages 8 and 2 rs ofter death.			LACE OF DEATH COUNTY	CO		MAF	RYLAND		ware	b. COL	Suss	ex
an. by the ottending physician and completely filled in by the tuneral transit permit. Then please remove carbon popers. Pages ord S cremation, or removal, and in any event, within 72 hours offer death		ŀ	. CITY OR TOWN (f autside carparote limi give nearest tawn)	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au				arest tawn)
by P			Salish	TITT				Rura	11	Greenw	ood	46.3
led in opers. n 72 h	80	(at or institution (if r				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
ottending physician and completely filled in by the Tur permit. Then please remove carbon popers. Pages S on, or removal, and in any event, within 72 hours offer.			IAME OF DECEASED Type or print)	1	irst	Middle May		Shap P	4. DATE OF DEATH	Marci	1	Doy Year
ove ca		S. S	EX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI		DATE OF BIRTH		9. AGE (In years last birthday)	Months Da	AR IF UNDER 24 HRS.
d in an		10a. duri	na mast af warking	(Give kind af wark dand life, eyen if retired)	e 10b. K	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& State, ar f	areign country)	COUNT	OF WHAT
, an		13.	FATHER'S NAME	ewife				Pennsylv 14. MOTHER'S MAIDEN		l	USA	b
000			John Bu	ckalew				Maude E.	1zat	eth Ho	ward	
or rem		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES (If yes give war ar dates	of service)	SOCIAL SECURITY NO.		ORMANT Jesse		Add	ress enwood	Del.
hos been signed by the offe se os the buriol-transit pern h prior to buriol, cremation,			Canditions, if any rise to immediat stating the under last.	, which gave e cause (a), rlying cause	(b) E TO	Alier.	De Qo	Work A	Ra	O Kasa	iosc is	ONSET AND DEATH
use of th	2	ATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO TH	E TERMINAL DISEASE COI	IDITION GIV	/EN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
		CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. Di	ESCRIBE HOW INJURY	OCCURRED. (E	nter nature af injury in	Part I ar Pa	ort II af item 18.)	JP	
State Dept. of		MEDICAL	Haur o. p.	m. 19	While at war	k 🔲 at wark 🗀	factor	OF INJURY (Hame, farn y, street, affice bldg., etc.			(County	
43			21. I cert	ify that (I) (this ho	spital) atten	ided the decease	d fram_ 🥏 , and that	death accurred at	100	ta <u>0 - 2</u> M, fram cause:	2 , 19 <u>0</u> s and an the	, that (1) (we) last date stated abave.
director, page 3 should should be filed with the			22a. SIGNATURE	98	200	Ís	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE:	SIGNED 27-67
O o	1		22c. PHYSICIAN': NAME (Type	W.R. E	ILLIS			Medical	Bldg	SAL	isbury,	Md.
director, should b		230	BURIAL, CREMATI	ON, 23b. DATE T 3/26		23c. NAME OF CE		ภา	Gre	OCATION (City or 1		unty) (Stote)
A15 (4)		24	. FUNERAL DIRECTO	OR	. , ,	ADDRESS	1	2Sa REC	RBY REGIS	1967 25b.	Clayles	ATURE
20 M 1/66			PILLIS	D Mak	111++	14100:41	10/Al	1) PI DATE	- 20	1001	-	1 1

VR A15

THE RELEASE OF THE PROPERTY OF -2-8-105-514 Particular desire tea early

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or offending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Page 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 havin afterdeath.	
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Sto	
VR A15 (4) . 20 M 1/66	1

0441	.8		CERTIF	ICATE	OF DEATH			0442	0	11
i. PLACE OF DEATH	Wicomico		MAR'	YLAND	2. USUAL RESIDENCE (a. STATE Mary:		ed lived, if institu b. COU	NTV	befare admission	/
	(If autside corporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corparat	e limits, write RU	IRAL and give r	nearest tawn)	-
Salis	and give neorest town)		410 da	ys	Snow H	ill		2.	3.2	
	PITAL OR INSTITUTION (If no	ot in hospital,	give street address)		d. STREET ADDRESS				e. IS RESID ON A FA	ENCE ARM2
Deer	's Head Stat	e Hosp:	ital		240 Ma:	rtin St	treet			NO [
3. NAME OF DECEASED (Type or print)		ace	Middle Lucill	e	Last Smith	4. DATE OF DEATH	Mon Mar		Day Yea 26 19	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH		AGE (In years	IF UNDER 1 Y	YEAR IF UNDER	24 HRS
Female	White	WIDOWED	DIVORCE		Dec. 22,1	898	lost birthdoy) Region of the second of the s	Months [Days Haurs	Min.
10a. USUAL OCCUPAT during most of wark HOUSEW	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR IDUSTRY H ME		11. BIRTHPLACE (County Virgini	y & State, or for			EN OF WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
John	Sheraton			- 11	Unkno	ነъ/ነገ				
1S. WAS DECEASED	EVER IN U.S. ARMED FORCES? n) (If yes give war ar dates of	of service)	social security no.		nformant ton I. Sm			ärtin		
PART I. C H9/ Conditions, if o	DEATH (Enter only one car DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE DUE DUE DUE DUE DUE DUE DUE DUE D	(o) Mu 10 (b) Br	ltiple pu		ry emboli - aspirati	on			INTERVAL BETY ONSET AND D TOWN OT	DEATH CS
PART II. OTHER	SIGNIFICANT CONDITIONS (CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)		19. WAS AUTO PERFORM YES 🔀	OPSY IED? NO
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I ar Part	II of item IB.)			
20c. TIME OF Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. 1 While at war			CE OF INJURY (Hame, far ory, street, office bldg., etc	:.)	(City or town)	(Coun		(State)
21. 1 ce saw the	rtify that (I) (this had deceased alive on_	spital) atten <u>March</u>	ded the deceased 26 19 67,	from_ and tha		19 <u>66</u> , t	<u>Mar.2</u> , from couses	and an the	e date stated	we) la d abay
220. SIGNATE	m	the	U	M.		MED. DIRECTOR			27/67	
22c. PNYSK() NAME (T	ype) A. C. M	itchel	1, M.D.		Deer's	ead Ho:	spital;	Salisb	ury, Md	. •
23a. BURIAL, CREM. REMOVAL (Spe	cify)		23c. NAME OF CEN				CATION (City or T		.,	state)
Buri 24. FUNERAL DIRE	al 3-28-	1967	ADDRESS	ure e	nbackvill	D BY REGISTR	rceste	r Man	NATURE and	
24. PUNEKAL DIKE	of Brun	S	Snow Hi	2 2	MAR			larles		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04420 CERTIFICATE OF DEATH deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Reside o. COUNTY b. COUNTY Worcester Maryland MARYLAND h CITY OR TOWN IT outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town)
Salisbury 2 days ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Pocomoke City e. IS RESIDENCE DN A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital 80 Winter Quarters Drive YES NO K 3. NAME OF 4 DATE pou DECEASED 196 FUENSON DEATH 9. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH 7. MARRIED NEVER MARRIED. remaye last birthdoy) and in ony ev Hours DIVDRCED NOV. 1893 WIDOWED and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done Banking COUNTRY? A. during most of working life, even if retired)
Secretary Maryland

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, or removal, Elizabeth Hearne James Edison Stevenson 16. SDCIAL SECURITY ND. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dotes of service Miss Hilda Stevenson, Pocomoke Cit 216-12-1841 No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse state Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARY (6) YES T TO FUNERAL DIRECTOR: After this certificate by the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE DF INJURY (Home, farm, 20f. (City ar town) (County) (Stote) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg./etc.) 21. I certify that (I) (this haspital) attended the deceased from. be retained and that death occurred at M. fram causes and an the date stated abave. saw the deceased alive an_ 19 22b. DATE SIGNED 22o, SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S J. BURTON. M.D. Medical Center, Salisbury, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23h. DATE THEREOF (County) (Stote) Md. Burial (Specify) Pocomoke City 3-10-1967 Presbyterian Wor. 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Pocomoke City, Md. Watson Robert

SCINO A LANGE DE LA LANGE DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA C The second of th Populario de la compansa de la compa

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	ī	04421	CERTIFICATE	OF DEATH		04423
/		PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	here deceosed lived, if institution b. COUNT	on: Residence before odmission) TY Wicomico
	ı	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN ILL	c. CITY OR TOWN (If out	side corporote limits, write RURA	
		write RURAL ond give neorest town) Salisbury	2/1/67	Salish	ury	22-1
1	(d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7		Peninsula General	Hospital	315 Pe	nn Street	YES NO
	1	NAME OF DECEASED (Type or print) First	Middle ELLEN St.	Lost	4. DATE Month OF DEATH March	Doy Year 7 19 6 7
	5. 5		ARRIED NEVER MARRIED 🛣 B.	DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	1	remale white wi		February 13.	1967 O yrs.	Months Bays Hours Min.
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT
				Salisbury,		COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
		Robert Lee Stevenson			Ellen Powell	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	(e)	FORMANI Mr. Robert I 315 Penn Str	ee Stevenson eet. Salisbur	
		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).)		Right Lun	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b)				. 4 days
	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	11 -		DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 p.m. 19	20d. INJURY OCCURRED 20e. PLACE While Not While factor of work factor	OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (1) (this haspital)			61, to 3/7	, 1927, that (1) (we) las
		saw the deceased alive an 3	7 1967, and that	death accurred at 2	v: PPM, fram causes o	and an the date stated above
		220. SIGNATURE	Kolls M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	22b DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) Dr. Alfred	C. Kolls	22d. ADDRESS mederal	Center Sale	string Manglan
	230	Burial, (REMATION, REMOVAL (Specify) March 10.	23c. NAME OF CEMETERY OR CO		Worcester C	n) (County) (Stote) o., Maryland
	24.	FUNERAL DIRECTOR HOLLOWAY & COMPANY S	ADDRESS	2So. REC'D	BY REGISTRAR 255 REG	SISTRAPA SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth Page 4 may be retained by the hospitol or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond sompletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deat

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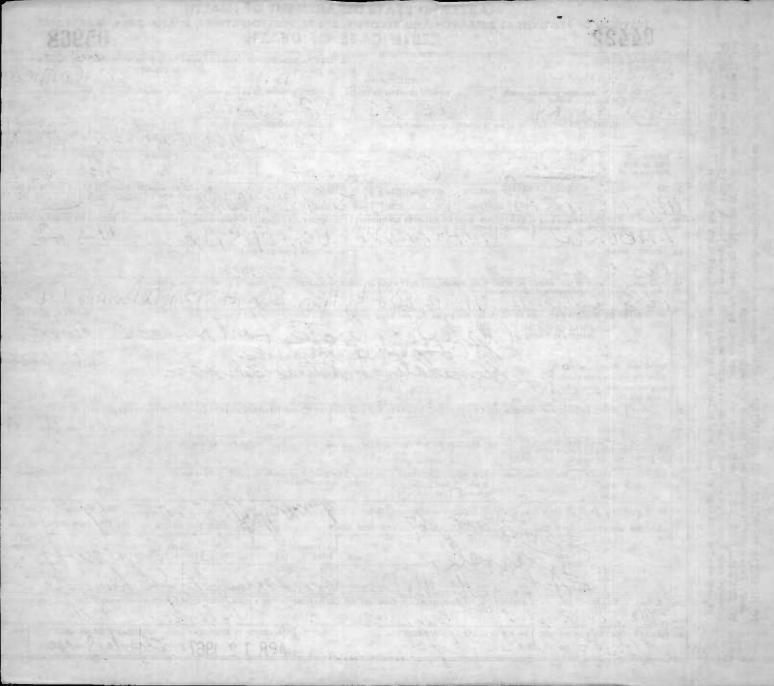
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04422 CERTIFICATE OF DEATH

1		
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased livad, If institution: Residence before admission)
	a. COUNTY	a. STATE A A b. COUNTY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
/	WARYLAND MARYLAND	111) Wiconfico
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give naarest town)
	write RURAL and give nearest lewn)	COLISBANY
2	OUTIZECIET X3 CN2.	21743134101
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
00		137 Delaw ARCHINE YES TINO IX
	3. NAME OF TO SLAW Middle	
	3. NAME OF DECEASED Of dole	Lest / 4. DATE Month Day Year
	(Typa or print)	WEAT DEATH 3 22 1961
	5. SEX 6. COLOR OR RACE 7 MADDIED NEVED MADDIED B	
	5, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Months Days Hours Min.
	11/1-1- 8 // CUTO WIDOWED DIVORCED THE	ULY 3/, / 108 3 8 yrs.
1	10a. USUAL OCCUPATION (GIVA kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life even if ratirad)	11.00 11 110 110
	LHOUKE IIIBENIIII	JUKFOLK, VH. U.S.H.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1 b	4
	- Linanoun	1 mpron
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
	(Yes, no, or unlown) (If yes give war or datas green vica)	illion Signat 120 Colourage (102)
	169 10,00,11 1/18-10 0000 H	THICH SWEAT 131 DETEMBRE 90
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	The Hound Alineano This all
	IMMEDIATE CAUSE (o)	forest for success wells.
	4200 DUE TO Consenting	darling. 011 +
	Conditions, if any, which (b)	Inti collina Indamile
	gave risa to immadiata causa	Merio Corosio
	(a), stating the underlying DUE TO	
	cause last. (c)	
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3		PERFORMED?
	5	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF DEATH	D. (Enler natura of injury in Part I or Part II of itam 1B.)
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
	Hour a.m. While Not While st work to et work	0/7, 3/100/, 0/1100 2/100/
	p.m. 19 at work et work	21222 12 27 242
	21. I certify that (I) (this hospital) attended the deceased from.	
	saw the deceased alive on 23 man 1967, and that	death occurred all M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	228. SIGNATORE	ATTENDING MED. STAFF SIGNED
	HIM NOW, M	I.D. PHYS. DIRECTOR PHYS. 24 Mar 27.
	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type)	1/21/man of Salitan his
1	tollarnell his	- 101-CIN Many World has
	238. BURIAL, CREMATION, 236. DATE THEREOF Z3C, NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (Stata)
	REMOVAL (Specify) 3-17-67 Green ACR	is com laborations mill
0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25%, REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE
*	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	000 000
11	- (XIII) Swilliam Horne ,	DAPR 12 1967 yourses Judge
3		



04479	CERTIFICATI	E OF DEATH	U	1424		
1. PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUN	on: Residence before odmission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF outsi	de corporote limits, write RUR	AL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS	2	e. 1S RESIDENCE ON A FARM? YES NO		
Peninsula General Ho 3. NAME OF First DECEASED (Type or print) Bahu B	ospital Middle	Tayloo	4. DATE Mont			
S. SEX 6. COLOR OR RACE 7. MARRIED FEMALE 1. EGRO WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH March 9 196	9. AGE (In yeors lost birthdoy) yrs.	IF UNDER 1 YEAR A UNDER 024 41		
during most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County & S	Stote, or foreign country) Mary/and	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Clarence Robins		Corinda	laylor	. v		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. or unknown) (If yes give wor or dotes of service)		Arence Re	bins Snee	e Hill Hd.		
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a) (b) ond (c).)	بغد		ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. Conditions, if ony, which gove rise to mediate the course (o), but TO (c)	emolerate	(W/ là	145 yms)	2 yurs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.)			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 Of While p.m. 19 of wor	Not While for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	· (County) (Stote)		
21. I certify that (1) (this haspital) attended the deceased fram						
220. SIGNATURE	folls m	.D. PHYS. \square DI	ED. STAFF IRECTOR PHYS.	22b. DATE/SIGNED		
22c. PHYSICIAN'S NAME (Type)		22d ADDRESS Medica	l Center S	alishury Marylan		
230. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tox	vn) (County) (Stote)		
BEMOVAL (Specify) Mar 12, 1967	Friends	1/P	Snow Hill	Many and		

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1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Dozard director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the hospital ar attending physician.

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BRADU Carallet all the all who have

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04424 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and completely filled in by the funerol remove corbon papers. Pages 1 and ra any event, within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Worcester MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 80 YES NO X Peninsula General Hospital 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED (Type or print) Bessie Elizabeth DEATH 19 6 7 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF SIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Hours Sept. 1.1888 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT HABIRIHPLACE (County & Stote or foreign country) during most of working life, even if retired)
Housewife physician green COUNTRY? INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or removal, attending phys nermit. Then p Sallie Merritt Joshua Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give wor or dotes of service) Mrs William Wittman, Binghamton, N.Y. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physicion. DUE TO HEART DISEASE Conditions, if ony, which gave rise to immediate couse (o), DUE TO tor use as the t stoting the underlying couse hos been ATTENDING PHYSICIAN: The law lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched t should be filed with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) ot work ot work 19 67 to MAR 21 194, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 1500 saw the deceased alive on MARZ 1967, and that death occurred at 2.57 PM, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED/ M.D. DIRECTOR TO HOSPITAL Poge 4 moy b St., Snow Hill, Maryland C. LaMar. M.D. Robert -NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) **8URIAL CREMATION** (Stote) (County) Porterville Methodist Stockton. Wor. Md. -24-1967 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Pocomoke City, Md.

VR A15 (4) 20 M 1/66

Robert

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04425 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. COUNTY b. COUNTY WORCESTER b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? completely filled in d. STREET ADDRESS OWELLTON YES NO 6 WILLIAM Peninsula General carbon NAME OF 4. DATE Month DECEASED even (Type or print) DEATH 1967 S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Dovs Hours and in ony WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HAIRDRESSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, LAURA JOHNSON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service BERLIN MO. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached for use os the State Dept. of Health prior to lost. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO 🖂 O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work I fram______, 19____, to______, 19____, that (I) (we) last and that death occurred at 12³⁰ M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram. be retained director, page 3 should should be filed with the saw the deceased alive an____ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3-23-67 Vaco M.D. DIRECTOR 22d. ADDRESS Foge 4 moy 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) SUNSET MEM. PX. ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G387.3/30/27 pc

		1442	6		CERII	FICALE	OF DEATH			14421		
		PLACE OF DEATH D. COUNTY			MAI	RYLAND	2. USUAL RESIDENCE (Where deceased lived	, if institution: b. COUNTY	Residence before		on)/
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)			s,	c. LENGTH OF STAY		c. CITY OR TOWN (If a	N (If autside corparate limits, write RURAL and give nearest tawn)				
	C	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)			Rural - Selbyville 4/6-3 d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
0			sula Gene	ral H							YES	
-	. (NAME OF DECEASED (Type or print)	Hel	rst	Middle	1/4	- Lost Deunsend	4. DATE OF DEATH	Manth		3 19	67
	5: 5	SEX PARE	6. COLOR OR RACE Negro	7. MARRIED WIDOWED			L DATE OF BIRTH 4/16/1919	9. ÄGE (last		FUNDER 1 YEAR Manths Days	Hours	Min.
	10a.	USUAL OCCUPATION	N (Give kind of work dane lite, even if retired) I.I. E		KIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& State, or foreign con	untry)	12. CITIZEN O COUNTRY		
		FATHER'S NAME				10	14. MOTHER'S MAIDEN		Land	U.D.R.		
		Claren	ce Harmar	1			Althea C	ollick		No.		
ď	1S. (Ye:	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO.	2/	nformant rman Town	send S	Address	ille.	Dela	
		PART I. DEA / / / X Conditions, if any rise to immediat stating the under last.	rlying cause DUE	(o) Cong 10 Ca C 10 (c)	estimi keint	Jarlen				_0\ 		DEATH
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO							OPSY NO 🕟			
	MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)										
	MEDICAL	20c. TIME OF INJ Haur a. p.	10	Whil	INJURY OCCURRED e Nat While of work		E OF INJURY (Hame, farr ary, street, office bldg., etc.		or town)	(County)	((Stote)
		saw the d	ify that (I) (this ho leceased alive an_		nded the deceased	fram and tho	death occurred at	1967 to	3/22		te stated	we) las d above
	22a. SIGNATURE Stedman W. Smith M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 3/23/67											
1		22c. PHYSICIAN'S NAME (Type	Stedman	W. Sm	ith		22d. ADDRESS Salis	bury, Ma	rylan	ıd		
0		BURIAL, CREMATI			23c. NAME OF CEA			23d. LOCATION			r) (S	itate)
		BUT TAT	2/-1/	1967	Coolsp	ring		Girdle D BY REGISTRAR		Worce		Md.
	1	ichard	T. Wate	en	Selbyvil	le,	144.0			res Ju		

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the Pageral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Poges 1 excepted the branch of the beautiful prior to burial, cremotian, or removol, and in ony every, within 72 hours after deal.

VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		2777					11/1/19/2
	1.		Vicomico	MARYLAND	a. STATE Mar	yland b. cour	Struction: Residence before admission)
- 1		b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wi	rite RURAL and give nearest town)
ı		Salisbu	ary	14 Months	Salis	bury	22-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
10	XX			Zion Church Road YES 🛣			
1		NAME OF DECEASED (Type or print)	First Edwar		Last Truitt	4. DATE Mont	b Day Year 2, 1967 19
1		sex a le	6. COLOR OR RACE 7. MARR		May 7, 188	last birthday)	Months Days Hours Min.
	1	armer a	lon (Give kind of work done log life, even if retired) Poultryman			ounty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAM	IE .		14. MOTHER'S MAIL		
		Samps	on Edward Tru	1tt	Alice	Powell	
	15.	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS
	(10	XX		217-36-1164 Es	ther H. T	ruitt Salish	nirva Md
		18. CAUSE OF	DEATH [Enter only one cause p			A WALUU DU I LOL	I INTERVAL BETWEEN
			EATH WAS CAUSED BY:	Cin	0 1 111	- Ple dela	ONSET AND DEATH
		1810	IMMEDIATE CAUSE (a)	Y VILLAND !	no func	of wanter	1
		Conditions, If	any, which \	with	metastose	to linner	lyear
		gave rise to	Immediate (00 0 0,0	//0	7	
		cause (a), so underlying caus	tating the				
	NO			RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN	IPART 1(a) 19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART						PERFORMED?
0	E	20a. ACCIDENT	WAS UNDERLYING 1 201	b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f injury in Part I or Part II	
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING 201 ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)				
	MEDICAL			d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	ED.	Hour a.i	1 17	hile Not While Work	ny, street, omce bidg., e	166.)	,
	2		fy that (I) (this hospital) att		6/11/ 1	956, to deall	19 that (I) (we) last
			ceased alive on				and on the date stated above.
		22b. DATE SIGNED					
			Ernest La	M.I	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	3/4/67
1		22c. PHYSICIA NAME (T	AN'S YPE) ERNEST L	ARMORE	22d. ADDRESS	Zelmur De	P
)	23a	REMOVAL (Sp	ecify) 3/5/67	23c. NAME OF CEMETER		Willards,	Md.
	24.	MERAL DIRE	Whaling St	Mycelle a	n n	IAR 7 1967	Clarles Judge
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Starte and it will be a few and the start of New Section . the material state of the state High and the street of the str MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 . 2 .		04428 CERTIFI	CATE OF DEATH	129
formal fo		PLACE OF DEATH o. COUNTY Wicomico MARYL	10/9/200	ter
4 hours aft I in by the ers. Page 72 hours aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		13.2 Le. IS RESIDENCE
ly filled in within 24 h	3.	Peninsula General Hospital NAME DF First Middle	Last 4. DATE Manth OF	ON A FARM? YES NO Day Year
requires that the death certificate be executed within 24 hours after death 3 physicion. signed by the attending physician ond completely filled in by the funeral surial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death	5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthdoy) Sept 9 1858 78 yrs.	19 L 7 1 YEAR IF UNDER 24 HRS. Days Hours Min.
ertificate be ex physician ond nen pleose rem ioval, and in an	10a duri	. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. Cl CC Show Hill Hardand	TIZEN OF WHAT DUNTRY?
ne death certific attending phys permit. Then p ion, or removal,	15.	FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Sarah (unthanum) 17. INFORMANT 4033 Spring	Candan ST
by the hospital or attending physicion. Let this certificate be seem signed by the attending physician ond comple the certificate has been signed by the attending physician ond comple be detached for use as the burial-transit permit. Then please remove say state Dept. of Health prior to burial, cremation, or removal, and in any event	(Ye	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	Hatherine Armstrong Phila.	INTERVAL BETWEEN ONSET AND DEATH
aquires that the physicion. signed by the burial-tronsit burial, cremat		Conditions, if any, which gave) (b) ASCV (J Hondry So.	
The law requatending phos been signed as the bunk prior to bunk prior to bunk phoses.		nise to immediate cause (a), stating the underlying cause last. DUE TO (c)	TEN TO THE TENEMAL DEFINE COMPLETON OWEN IN DANT I/)	19. WAS AUTOPSY
rsician: The ospital or afte certificate has hed for use of the office o	HEICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I ar Part II af item 1B.)	PERFORMED? YES NO
S PHYSICIAN the hospital a this certifica detached for e-Dept: of He	MEDICAL CERTIFICATION	Hour a.m. While — Not While —	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Co	ounty) (State)
	N	p.m. 19 atwark atwark 21. I certify that (1) (this hospital) attended the deceased f	fram 3 - 20 - 67, 19 to 3 - 20 - 67, 19 nd that death accurred at 95 M, fram causes and an t	, that (I) (we) last
L OR ATTENI be retoined DIRECTOR: A ge 3 should iled with the		220. SIGNATURE Such Ff Sevel, M.D.	M.D. ATTENDING MED. STAFF 22b. D PHYS. DIRECTOR PHYS. 22b. 3	20/67.
TO HOSPITAL OR ATTENI Poge 4 may be retoined TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	230	NAME (Type) D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	Medical Center.	(Caunty) (State)
Q Q ⊕ ₩ 1/66	24		250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04429	CERTIFICAT	E OF DEATH	04430
I. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	·Ma	ived, if institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate linwrite RURAL and give nearest town) Salisbury		BALTO.	imits, write RURAL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF	eral Hospital	d. STREET ADDRESS	leusdale e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First Middle (ULR)	CRICH OF DEATH /	Month Day Year 1967
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Sepr. 23. 01.	GE (In years is birthday) Months Doys Haurs Min.
10o. USUAL OCCUPATION (Give kind of work do during flost of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OVERBRUDK	11. BIRTUPLACE (County & Stote, or foreign	Mb. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PETER / (L 15. WAS DECEASED EVER IN U.S. ARMED FORCE	ingel HOEFER	14. MDTHER'S MAIDEN NAME Amalia W INFORMANT	O L F Address
(Yes, no, or unknown) (If yes give wor ar date	es af service)	INFORMANI	
18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	Inmhral He	emorrhage	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave	(b) Hyper fensive (c)	endio Valeula	Procase Nothern
	CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Port I or Port II o	of item 1B.)
20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m.		ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	ity or town) (County) (Stote)
saw the deceased alive ap	ospital) oftended the deceased fram_ 19_5, and th	at death occurred at 945 M, fi	ram auses and on the date stated abav
220. SIGNATURE	A .	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
23a. SURIAL, CREMATION 23b. DATE REMOVAL (Specify)	THEREOF 23C MAME OF CEMETERY OF	in Cem . Bu	(Stote) (County) (Stote)
24 FUNIFICAL DIRECTOR JULIE	Maur	250. REC'D BY REGISTRAR MAR 3 1 196	7 Segistran's Signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

A. 0.85 P. C.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DIVORCED DIVORCED 11. BIRTHPIACE (Gounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S MANE 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause popular) for (a), (b) and (c).) 18. CAUSE OF DEATH (Enter only one cause popular) for (a), (b) and (c).) 18. CAUSE OF DEATH (Enter only one cause popular) for (a), (b) and (c).) 19. PART II. DEATH WAS CAUSED BY: 10. SIDIEGIAN, which gave is to immediate cause (a), stating the underlying cause (b). 10. SIDIEGIAN WAS UNDERLYING 10. OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 20. ACCIDENT WAS UNDERLYING 10. OR ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 21. I certify that (I) (this based of a wind of the order of the order of injury in Part I or Part II of item 18.) 220. ADDRESS 220. ADDRESS 220. ADDRESS 221. I certify that (I) (this based of a tempted by the order of the order of injury in Part I or Part II of item 18.) 222. DIATE DIA	04430	CERTIFICATE	OF DEATH	044	31
D. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town) S. B. C. LENGTH OF STAY IN 15 C. C. LENGTH OF STAY IN 15 C			2. USUAL RESIDENCE (W	here deceased lived, if institutia	n: Residence before odmission)
B. CLIVO B 10WH (If outside carporate limits, write RURAL and give necestar flown) S. A. STREET ADDRESS S. A. STREET ADDRESS B. DATE OF BIRTH A. DATE Month Day First Country First Month Day F			& STATE	b. COUNT	
B. CLIVO B 10WH (If outside carporate limits, write RURAL and give necestar flown) S. A. STREET ADDRESS S. A. STREET ADDRESS B. DATE OF BIRTH A. DATE Month Day First Country First Month Day F			1 THEZY C	7.770	VORCE STE
d. NAME OF HOSPITAL OR "NSTITUTION (If nor in hospital, give street oddress) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, give street oddress) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, give street oddress) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, give street oddress) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital) D. MAME OF POSPITAL OR "NSTITUTION (If nor in hospital, gives and other pospital, gives and gi		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I aut	side carparate limits, write RURA	L and give nearest tawn)
NAME OF First Middle Lost 4. DATE Month Day You	Salisbury		UCEA.	V LITY	23-2
The part in the control of the contr	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospite	al, give street address)	d. STREET ADDRESS	/	e. IS RESIDENCE
NAME OF DECENT OF HULLS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MATERIAL DELIVERY ARE SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 17. INFORMANT 18. AND FOR ART LOCAL SECURITY NO. 1					
DECEASED PRIOR DECEASED FOR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRPH 9. AGE (In years light birthdy) 19. Months Days Hours Minder 100. KIND OF BUSINESS OR UNIQUE 11. BIRTHPHATE (County & Strate, or fareign country) 12. CITIZEN OF WHAT COUNTRY? S. AGE (In years light birthdy) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (b)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (b)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one course particle for (a), (b), and (c)) 18. CAUSE OF DEATH (ENTER only one course particle for (a), (c), (c), and (c),	Peninsula General I				
(Type or print) SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRPH S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR FUNDER 24 H S. AGE (In years EUNDER YEAR		Middle	Last		Day Year
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A B BULL B. B. M. XIAAR 27 1967 Charles Indge	24. FUNERAL DIRECTOR	ADDRESS			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any element, within 72 hours after each

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

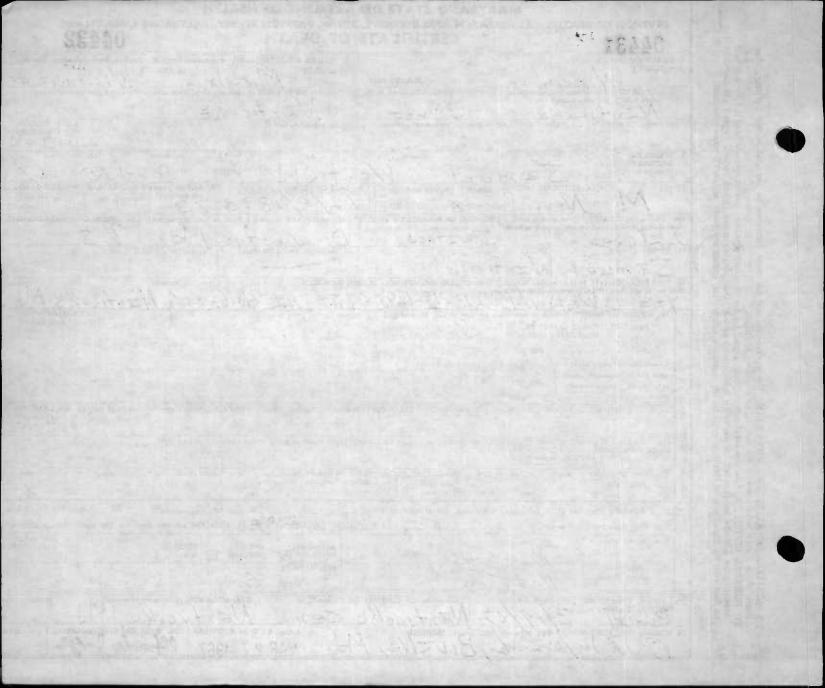
CERTIFICATE OF DEATH

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04401	01100
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)
a. COUNTY	o. STATE % / b. COUNTY / /
VICOMICO MARYLAND	1 Zu Znd WICOMICO
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
	ON A FARM?
	YES NO
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DECEASED (Type or print)	1 OF DEATH 3 - 15 10(7
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dope during most of working life, even if retired)	David Jan MJ 1/5
LBOYEX JEZTOCA	12146/185704/10.10.2.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME "
Tamical Martial	
Jamuel Waxtield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	Stella Holbrock, Nanticoke, Nd.
Yes Morld W-1 213-13-4756	DIELLE TROUBLE TO A DUN THE TOTAL OF THE TOT
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) ARE TROMP of	by an nor
1011	2010067
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	
Z. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
[8]	YES NO L
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
ZOB. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (i) (this hospital) attended the deceased from	, 19, 19, that (I) (we) last
	death occurred at A.M., from the causes and on the date stated above.
22a, SIGNATURE	ATTENDING MED. STAFF SIGNED
n w Jose M	D. PHYS. DIRECTOR PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
/V. W. /ODD	MED. COMBR & ALISEURY MP
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
REMOVAL (Specify)	- 11-1 () M
130x121 3/19/6/ Nanticone	cem. Nanticokoil 1
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
P 17 11/10 and 1211.77/1/10 1	At MID OF 1000 Miguila Verson
(1) 1 10 Jasous (DIV-11C) 1	10 1 196/ 196/ 1 196/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and the state Dept. Of Health prior to burial, cremation, or removal, and the state Dept. VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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af the fe		o. CITY OR TOWN (If a write RURAL and gi	outside corporote limits,	c. L	ENGTH OF STAY IN	lb		rside corporote limits, write	RURAL ond give no	eorest town)	Ī
s. Page		Salisbu					Salish	oury	2	2-1	
in l ers. 2 hc		. NAME OF HOSPITAL	OR INSTITUTION (If not	in hospitol, give st	reet oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	Ī
og in 7		Peningu	la Gener	al Host	ital		613 Ch	urch Street		YES NO X	
physician and campletely filled in ben please remave carban papers. aval, and in any event, within 72 ho	3.	NAME OF DECEASED Type or print)	First	t	Middle	1110	Last	4. DATE M OF DEATH	onth =	Doy Year	=
amplet eve car	S.		. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In years lost hirthdoy)	IF UNDER 1 YE		-
o A A	17	nahe	186 +2	WIDOWED	DIVORCED		une 29, 190	62. Yrs		oys Hours Min.	
requires find the dealth certificate be executed within 27 hadrs and a signed by the attending physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carban papers. Pages—Fand 3 burial, crematian, ar remayal, and in affy event, within 72 haurs after beath a burial, crematian, ar remayal, and in affy event.	dur	USUAL OCCUPATION (Ging most of working life	ive kind of work done , even if retired)	IDb. KIND OF INDUSTR	BUSINESS OR Y		11. BIRTHPLACE (County of Maryland	& State, or foreign country)	12. CITIZE COUN' US		
Sicil Plec	_	FATHER'S NAME	7.4			1	14. MOTHER'S MAIDEN N		1 002		-
phy ava	F	arry Vince	ent Welch			2	Bertha El	ligon			
ing ing	15.	WAS DECEASED EVER I	N U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO.	17. IN	FORMANT	Ac	ddress		_
end mit. ar.	(Ye	s, no, or unknown) (If	yes give wor or dotes of	service)		M	rs. Rebecce	Bradford (I	laughter))	
at the death cer . the attending p nsit permit. The matian, ar rema	H		H (Enter only one couse	e per line for (o) (l	o) and (c))	110	A DOK	TO IM. PLAGE!	CLOH, PIC	INTERVAL BETWEEN	=
the the nsit mat		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (c	S	e bule	retira	I ansu	moreta		ONSET AND DEATH	
by by cre		2040	DUE T		/		1/2	77.00		1	_
quires that t physician. signed by the burial-transit ourial, crema'		Conditions, if ony, w	hich gove) (k	111/	nie be	me.	hetis		1	Van	i
sig bu		rise to immediate a	ouse (o),	-	. 1		1 -1	11		. /	_
ding een the rr ta		lost.		1) Chir	ne le	m	rhalie	leckemen		years.	
al ar attending icate has been far use as the Health priar ta	2	PART II. OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DEA	ATH BUT NOT RELA	TED TO TH	E TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	· ·	19. WAS AUTOPSY PERFORMED?	Ī
e he	CERTIFICATION	Rhumate	· Heart dis	ens and	L como to	three	Snilan			YES NO	
al ar iicate far u Heal	TE	20o. ACCIDENT WAS U	NDERLYING			CURRED. (E	nter noture of injury in I	Port I or Port II of item 18.)			_
aspit certif hed it. af		OR CONTRIBUTING (IF EITHER, NOTIFY ME			N/A	4					
e h inis itac Dep	MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Doy, Yeor	2Dd. INJURY While ot work	OCCURRED :		OF INJURY (Home, form y, street, office bldg., etc.)	, 20f. (City or town)	· (Count	y) (Stote)	
DING I by th After the be de State		21. I certify	that (I) (this hosp	oital) attended t	the deceased f	ram Se	ut 22 ,1	9 66, to March	. 3, 196	7, that (I) (·we) lo	15
the the		saw the dec	eased alive an 🖊	March 3	19 <u>67</u> , a	nd that	death accurred at	2:40AM, fram cause	es and an the	date stated abay	/e
retained retained ECTOR: / 3 shauld with the		22o. SIGNATURE	2/	OR	./		ATTENDING	MED. STAFF	22b. DATE		
ed v ed y			Gromas/	· Die	rec	M.D.	PHYS.	DIRECTOR L PHYS.	- Mac	ch 3, 1967	_
May be RAI DIR () page () be filed		22c. PHYSICIAN'S NAME (Type)	One (D)	2 2. 6)		22d. ADDRESS	nd Ave., Sali	ahum 1	Manual and	
TO HOSTIAL OR ALIEN TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	00			P. Bigbe		TDV CD CD					=
Page 4 n O FUNER director,	230	 BURIAL, CREMATION, REMOVAL (Specify) 			. NAME OF CEMET			23d. LOCATION (City or		ounty) (Stote)	
20 20	2/	Burial . FUNERAL DIRECTOR	March 7	1967 1	Parsons (Cemet	ery 2Sa, REC'D	BY REGISTRAR - 1 25kg	Mary L		_
VR A15 (4) 20 M 1/66	1	HOLLOWAY	& COMPANY,	, SALISBU	RY, MARY	LAND	MAR	9 1967 2SIN	Corres	July 1	

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MARYLAND STATE DEPARTMENT OF FIEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
34

04433

CERTIFICATE OF DEATH

_							
	PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceosed lived, if institution: Reside	nce before odmission)		
	Wicomico	MARYLAND	o. STATE Marylan	d b. COUNTY Wice	omico		
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL and gir			
	write RURAL and give nearest town)		Salisbu		2_1		
	Salisbury		d. STREET ADDRESS	-3	e. IS RESIDENCE		
(I. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	II .	Ad Devel Devel	ON A FARM?		
	Peninsula General	Hospital	к.р.#3,	AirPort Road	YES NO		
	NAME OF First	Middle	1 / Last 4.	DATE Month	Doy Year		
	OECEASED (Type or print) (Baby)	- V	WITE	OF DEATH MARCH	19 1961		
S.	SEX 6. COLOR, OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER			
4	Emale White WID	Un have	March 18,1967	O yrs. O Months	Doys Hours Min.		
100	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		ITIZEN OF WHAT		
	ng most of working life, even if retired)	INDUSTRY		(OUNTRY?		
10	none		Salisbury,		USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
	Ronald Lee White		Sandra Sue				
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service		INFORMANT	e White (Father)			
(18	No	•/	R.D.#3 AirPo	rt Road, Salisbu	rv. Wd.		
	1B. CAUSE OF DEATH (Enter only one couse per	line for (a) (b) and (c))	/	TO THOUSE DELLE FOR	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	IMMEDIATE CAUSE (o)	Junes Cola	725				
J	DUE TO						
	Conditions, if ony, which gove (b)						
	stoting the underlying couse DUE TO						
	lost. (c)						
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?		
ATIO					YES NO		
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 1B.)			
ERT	OR CONTRIBUTING CAUSE OF DEATH	27/4					
AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town) (C	ounty) (Stote)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		tory, street, office bldg., etc.)	201. (City of fown)	001119) (31018)		
Σ	p.m. 19	While of work					
	21. I certify that (1) (this haspital)	attended the deceased fram	2/19,194	el, ta 3/19, 19	Athat (I) (we) las		
	saw the deceased alive an	3/19 1967, and the	it death accurred at	M, fram causes and an	the date stated above		
	22o. SIGNATURE		ATTENDING - MEI	22b.	DATE SIGNED		
	21/ mg /	M.M.		ECTOR PHYS. 3	119/17		
	22c. PHYSICIAN'S	1	22d. ADDRESS		1/6/		
	NAME (Type) Dr. William E	3. Smith	Sali	sbury, Maryland			
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	(REMATORY I	23d. LOCATION (City or Town)	(County) (Stote)		
200		200. MAINE OF CERTETENT ON	CREMETORI	Zou. Location (city of town)	[20011]		
	REMOVAL (Specify)	1062 Wh 1 13	Cometem	Wangagtan Ca	Mamrland		
0.		1967 Whaylesville		Worcester Co.,			
24	REMOVAL(Specify) Burial FUNERAL DIRECTOR HOLLOWAY & COMPANY, S	ADDRESS	2So. REC'D BY		SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deatheath.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04434

CERTIFICATE OF DEATH

04435

0 1 1 0						UXX	00	
PLACE OF DEATH O. COUNTY	Wicomico	MARYLAND		ryland	b. COUNT	omerse	t	ion)
write RURAL or	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16 71 days	c. CITY OR TOWN (If or C)	utside corporote lim nance	its, write RURA	L ond give ne	orest town)	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in the Head State Ho	nospitol, give street oddress) spital	d. STREET ADDRESS				e. IS RES ON A YES	IDENCE FARM? NO TX
3. NAME OF DECEASED (Type or print)	First OLIVE	Middle SARAH	WHITELOCK	4. DATE OF DEATH	Month 3		15 19	
S. SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	3 24 18		(In yeors birthdoy) yrs.	Months Da		Min.
10o. USUAL OCCUPATIO during most of workin Nousew		10b. KIND OF BUSINESS OR INDUSTRY household	11. BIRTHPLACE (County Marylan	.d	ountry)	12. CITIZEN COUNTI USA	OF WHAT RY?	
13. FATHER'S NAME	Joseph Armi	nger	Mary Wil					
(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17.	INFORMANT harles Whi		Address		a	
	DEATH (Enter only one couse pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		daries wiii	CETOCK,	Gnan	ce, M	INTERVAL BE ONSET AND 2 day	DEATH
Conditions, if on rise to immedia	DUE TO y, which gove) (b)	Senility						
stoting the und				telle				
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN I	PART I(o)		19. WAS AU PERFORI YES	TOPSY MED? NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port 11 of	item 18.)			-10
Hour o	JURY Month, Day, Yeor o.m. 19		ACE OF INJURY (Home, forr tory, street, office bldg., etc.		or town)	(County)		(Stote)
21. I cert	tify that (I) (this haspital deceased alive on	attended the deceased fram_ larch 35,19,67, and the	Jan. 3, , at death accurred of	19 <u>67</u> , ta <u> </u>	Mar. 1 m couses o	5, 19 <u>67</u> nd on the	, that (I) date state	(we) la ed abav
220. SIGNATUR	drew Con	ritchell M	.D. ATTENDING D	MED. DIRECTOR	STAFF PHYS.	22b. DATE :	SIGNED 15/67	6
ZZc. PHYSICIAN NAME (Typ		Mitchell	22d. ADDRESS Deea	's Head	State Salisb	Hospit ury, M	al arylar	nd
23o. BURIAL, CREMAT REMOVAL (Speci	fy)			Chance	(City or Town		"	(Stote)
burial 24 JUNERAL DIRECT	OR Webster	Rock Creek ADDRESS Princess A	nne, Ma NAR	D BY REGISTRAR 2 0 1967	2Sb. REGI	ISTRAR'S SIGNA	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely Affed in by the funeral directar, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. af Health prior to buriol, cremotian, or removal, and in ony event, within 72 hours ofter death VR A15 (4) (2) M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Land 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04436

1	a. COUNTY Wicomico	a. STATE Maryland b. COUNTY Dorchester				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna				
10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres Wicomico Nursing Home	d. STREET ADDRESS Market & Church Streets on a FARM? YES NO \text{VES} \text{NO}				
	3. NAME OF DECEASED (Type or print) WALTER MIddle WI	SSERT 4. DATE Month Day Year OF DEATH March 8, 1967				
	5. SEX Male 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIED WIOOWEO OLVORCEO	8. DATE OF BIRTH NOV. 6, 1880 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.				
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Unk	Brooklyn, New York 12. CITIZEN OF WHAT COUNTRY? USA				
	13. FATHER'S NAME Rudolph Wissert	14. MOTHER'S MAIDEN NAME Elizabeth Widner				
		r. Thomas O. Tyler, Vienna, Maryland				
2	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RID OR CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUTNOT RID CONTRIBUTING CONTRIBUTION CONTRIBUTI	INTERVAL BETWEEN ONSET AND DEATH WIS DEATH ONSET AND DEATH ONSET				
1	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. F Hour a.m. p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE	TOU , 19 46, to Mary 8, 19 66, that (I) (we) last nat death occurred at 1.7 M, from the causes and on the date stated above. AD. PHYS. ADORESS ADORESS PHYS. 3/11/6/7. R MED. ICALCENER, SALISBURY M.				
)	Burial Mar. 11, 1967 Greenlawn C					
N	LeCompte Funeral Service, Cambridge, Ma					

VR AI5 (4) 20M 1/65

the Contract of products demand 4 desert die Ville, des Marie Ville mach fill distantible 135-12-305 p. 1999 p. 1990 p. book to the last the arter of the last the second of the s and the same of the state of the state of the same of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04436

CERTIFICATE OF DEATH

04437

		LACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if institution	: Residence before odmissio	n)/
	C	. COUNTY	Wicomic	0	MARYLAND		yland b. COUNTY	Dorchesog	r
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)				c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L ond give neorest town)	
		Sali	sburv	16.0	3 days		Vienna	19.2	
	(I. NAME OF HOSPITAL OR				d. STREET ADDRESS	P D #1 9999999	e. IS RESID ON A FA	ARM?
			s Head Stat	te no			F.D#1, %XXXXX		
1	1	IAME OF DECEASED Type or print)	First GEOR	Œ		ONGUS Lost	4. DATE Month OF DEATH	31 19	67
	s/s	EX 6. CC		MARRIED IDOWED	☐ NEVER MARRIED ☐ DIVORCED ☐	8. DATE OF BIRTH 2/2/11		Months Doys Hours	Min.
		USUAL OCCUPATION (Give ng most of working life, ev		10b. KI IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Cour	thester Country	12. CITIZEN OF WHAT	,
	13.	FATHER'S NAME John V	IONGU			Lizzie			
	1S. (Yes	WAS DECEASED EVER IN U., no, or unknown) (If yes	S. ARMED FORCES? give wor or dates of serv	16. 2 1	SOCIAL SECURITY NO. .6- 2 2-1950	7. INFORMANT Mrs. Irene	Address Pinder, Vienna		
		1B. CAUSE OF DEATH (Enter only one couse pe S CAUSED BY:	r line for	(o), (b), ond (c).)	of stomach w	ith wide spread	ONSET AND S	TWEEN DEATH
		151X	IMMEDIATE CAUSE (o) DUE TO				metastas		
		Conditions, if ony, which	gove) (b)			1.5			
		rise to immediate coustoting the underlying	se (0), (DUE TO						
		last.	(c)_						
2	ATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTR				CONDITION GIVEN IN PART 1(0)	19. WAS AUT PERFORM YES	NO X
	CERTIFICATION	200. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	JSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURE	ED. (Enter noture of injury	in Port I or Port II of item 1B.)		
	MEDICAL	20c. TIME OF INJURY M Hour o.m. p.m.	19	While of worl	Not While of work	PLACE OF INJURY (Home, f factory, street, office bldg., e	tc.)		(Stote)
Ī		21. I certify the	at (I) (this haspita ed alive an Mar	l) atten	ded the deceased from	March 28 that death accurred	, 19 <u>67</u> , to <u>March 3</u> at 2: 45 A M, from causes a	nd on the date stoted	we) last d obove.
	(28d. SIGNATURE	AWn	w	acti	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3/31/67	\$157
1		22°C PHYSICIAN'S NAME (Type)	Charles H	I. Wi	nnacott, M.	D. Deer's	Head State Hos	o., Salisbur	y, Md
	230	BURIAL, CREMATION,	23b. DATE THEREOI		23c. NAME OF CEMETERY		23d. LOCATION (City or Town	n) (County) (S	itote)
		REMOVAL (Specify)	Apri 13,1	967		s Cemetery	Near Vienna		
	24	FUNERAL DIRECTOR	I 1	11	ADDRESS	mol. DATE	PR 6 1967 25b. REG	istrar's signature	
1	7	rungion (runeral 1	rome	. Asterelale	met MOY, DATE	0 1001		

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